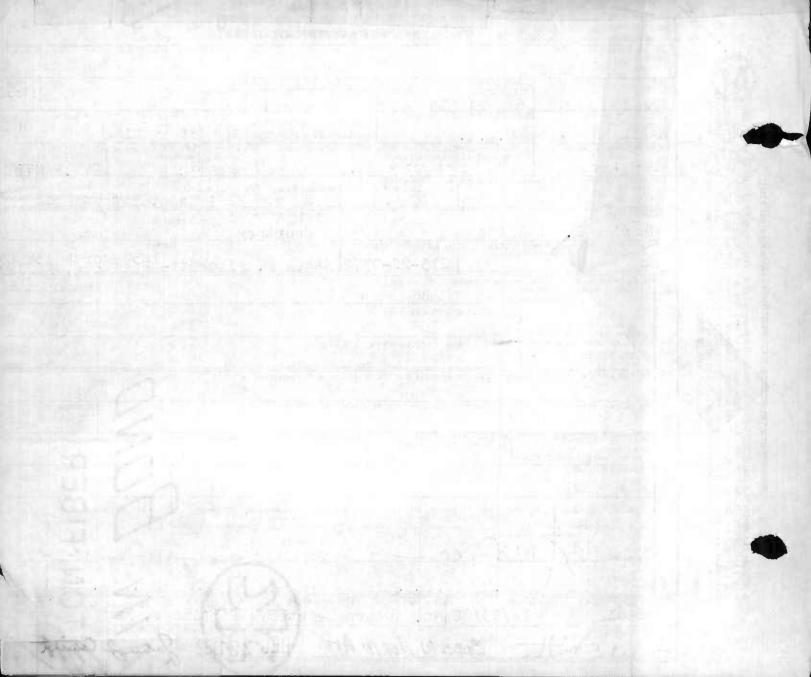
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		CEASED NAME OR PRINT)	JOHN IN	MID	IENRY	LA	SER	JR.	REG. 20. DATE OF DEATH 6. AGE (IN YEARS LAST	MONTH DAY 12 14	YEAR 82	2b. HOUR 540/
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Poges medico	(VAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. ARMED		226-38	5446	PAT R		HAGER	SAME	AS	*13
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ATTENDING Pospital or offer il et or use as the for use as the for use os the for use		22s. I certify that (111		82, on	I that in (my)(, 19 <u> </u>	, toedeoth occurred an the	date and hour ar	, ,	hat (1) (we
OR he he ho coche coche DIRI		22b. SIGNATURE	So	, no		C	P	TENDING HYSICIAN		TAFF SICIAN (22c. DATE S	IGNED
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William E. Johnson8521 Loch Raven Blvd

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR - STATE REGISTRAR		DEPARTM	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	3	1 4	1 1
		RST	MIDDLE		AŠT	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(146)	E OR PRINT)	Isaac	L.]	Hall Sr.	1	2/16/	/82	M
3. SE	X	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Bla	ck	MONT	1.0/18/21 YEAR	61	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FORE)	GN 76 CITIZEN OF	WHAT COUNTRY?	8,/	_	9 BALTIMORE CITY		Y OF DEATH	
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	AL RESIDENCE (IF NURSING P STATE 13b	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Balto	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		d Stre	et
14. F/	ATHER'S NAME FIRST Tonie	WIDDIE	Hall		15 MOTHER'S MAIDENNA FIRST Fanni	WE		Hal	51
	WAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	RESS		
	Ves	WW 2	223-20-	-678	Timothy	Hall 42	Bene	oni Ci	rcle
NO	Conditions, if any, wh gove rise to immedicause (a), stating underlying cause la	DUE TO, CO sich ote the DUE TO, CO sith (b) out DUE TO, CO sith (c)	Myoc R AS A CONSEQUE Arteri R AS A CONSEQUE	nce of oscl	al Infarction erotic Heart I		ndition Gi		IMASTE INTERVAL ONSET AND DEATH
CERTIFICATION	19a DATE OF OPERATION	1 19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES ☐ NOXX	IN CERT	S, WERE FINDI	NGS USED S OF DEATH?
l m	21a. ACCIDENT WAS UNDERLY			Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18.	PART 1 OR PART 2)	

MEDICA 19 P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE August November 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 13 August 19 and that in (my) * pinion death accurred on the date and hour and from the causes stated sow the deceased plive above, (1) (we) (did did not) view the be 22c. DATE SIGNED 226. SIGNATUR DEGREE ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN December1982 22. ADDRESS 922 W. North Avenue ARCHIE ROBINSON, JR., M.D.

23¢ NAME OF CEMETERY OR CREMATORY

Mathrew

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR.

and Mental Hygiene 90

marked or

MPORTANT:

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR NAME Rice FHPA 1300 Eutaw Place

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236 DATE

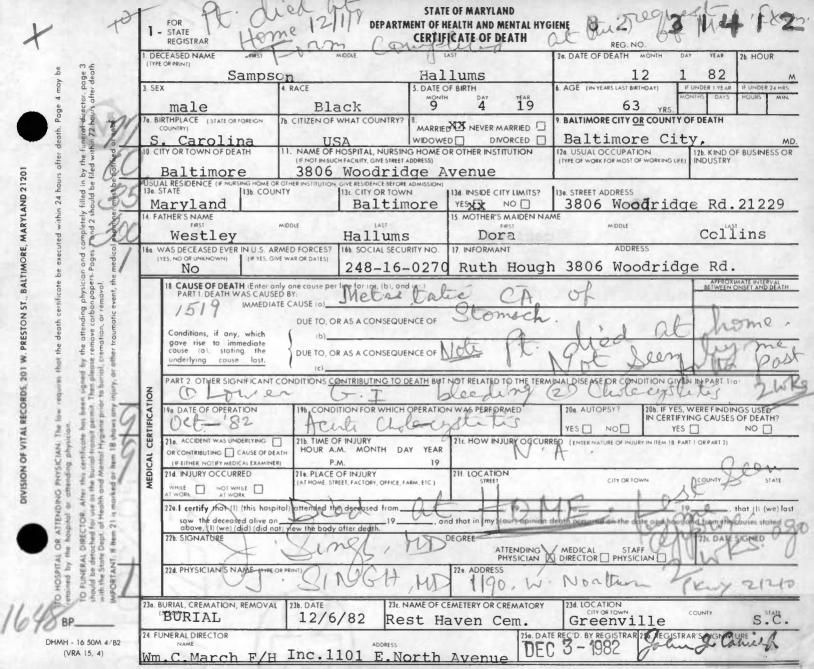
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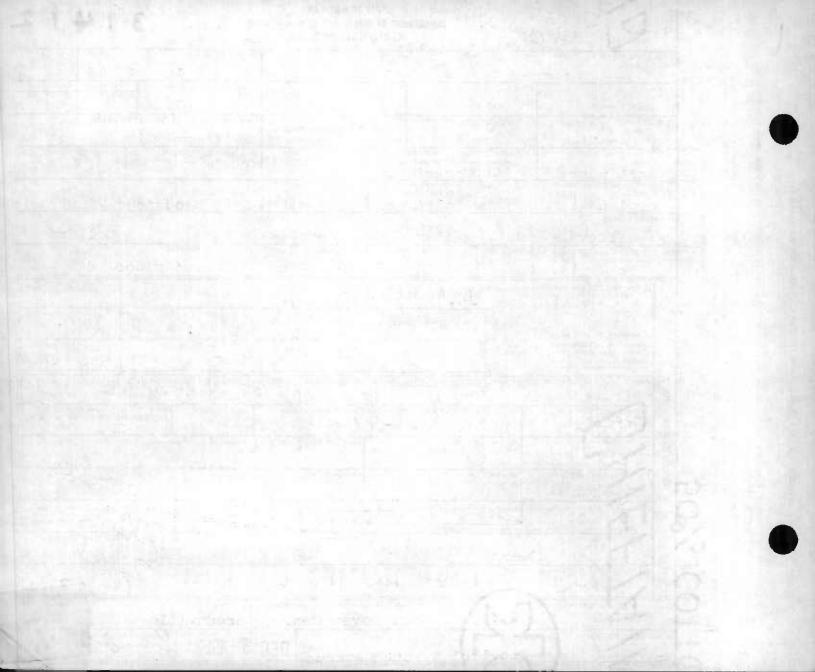
Baltimore Maryland 21217 23d. LOCATION
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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

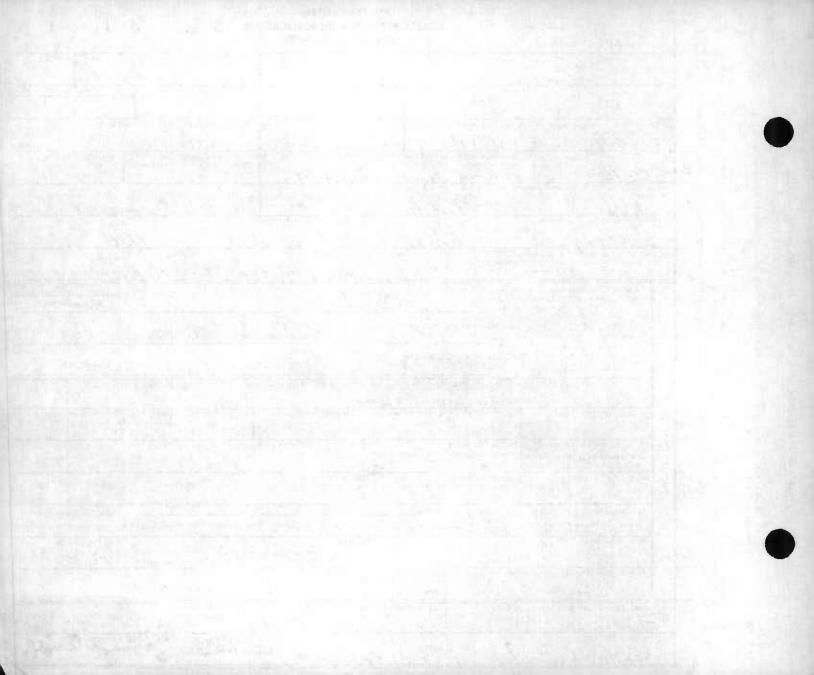
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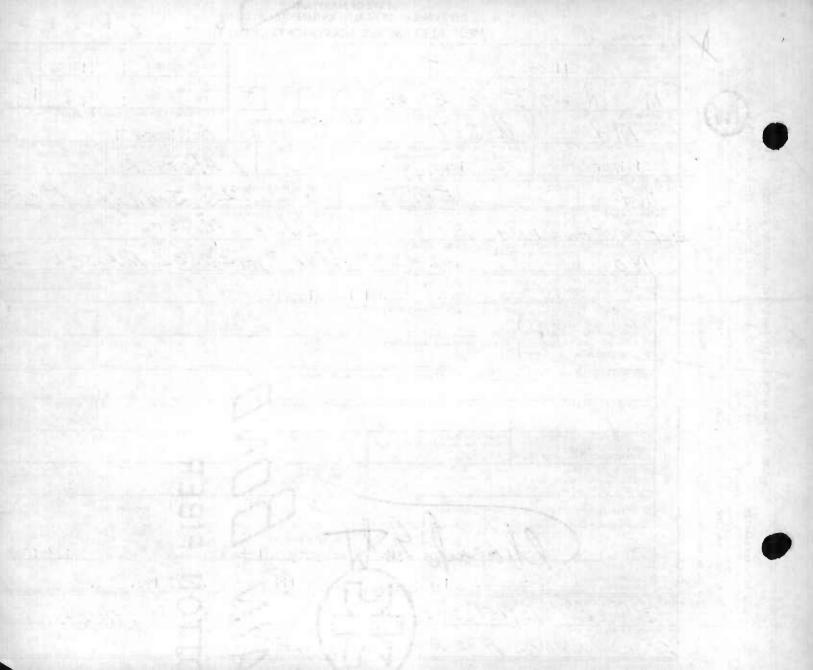


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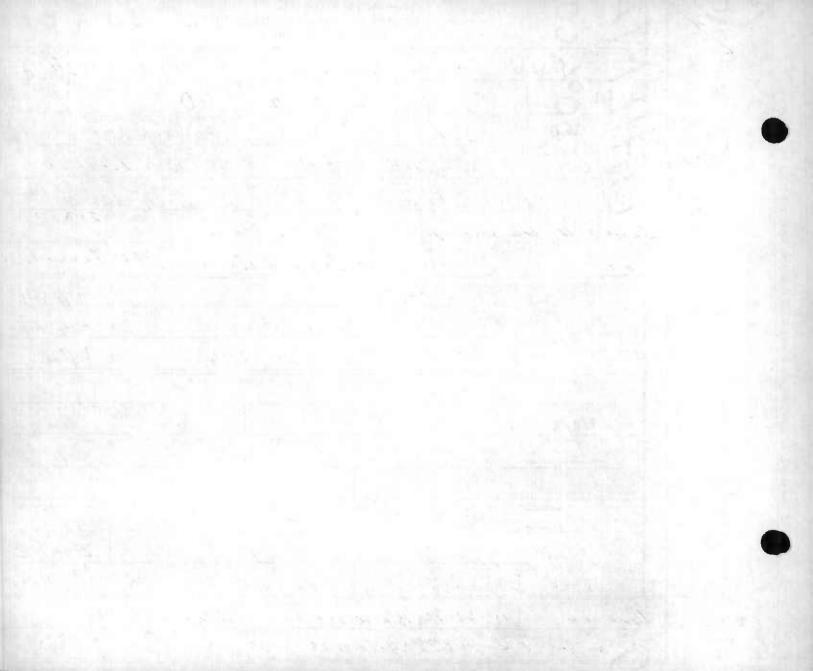
5	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & Z	1 4 1 4
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9 9 P	3. SE	Fan	Vie 1. RACE	Hamilton	12-	IF UNDER 1 YEAR IF UNDER 24 HRS
4 <u>p</u> p	3. 56	` E	1. KACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
direct ours	70.0	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	NOV 10;1912	9. BALTIMORE CITY OR COUNTY	OF DEATH
ral crast	1	COUNTRY) O	U.S.A	MARRIED MEVER MARRIED	15. BALTIMORE CHI TOR COUNTY	OF DEATH
fon thin	10 C	ITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS C
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d be	130.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL			13e. STREET ADDRESS	, ,
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d 2 d 2	A F.	ATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN N.	MIDDLE	LAST
3 300	4	Henry	GREE	N MAGGI		cculloh.
Pages medica		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? [166. SOCIAL SEC	Wy, Hami	Hon 1624 N. G	Pople for St
opers val.		18 CAUSE OF DEATH (Enter of	inly one couse per line for (a), (b), a ED BY:	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
erad			ATE CAUSE (a)	when Clabs		13208 14
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tian our	15	Conditions, if any, which	(b) ATA	ensclustes Causer	varrela Vislace	gears
il, crema		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		years
Then ple ta burio njury, ai	No	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
ene prior	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
ransit Hygie 18 sha	H H	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18. P.	ART I OR PART 2)
rial-tr ental Item	1 K	OR CONTRIBUTING CAUSE OF DI	MIN	19		
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s the and rked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.)		
ealth ma		220 I certify that (I) (this has	pital) attended the deceased from.	may 19 7	, to 7200	19 82, that (1) (we) le
of H 21 is		saw the deceased alive o	ot) view the body after death.	92 , and that in (my) (our) apinior	death accurred on the date and hou	and from the causes stated
REC hed ept.		226. SIGNATURE	or view the body offer death.	DEGREE		22c. DATE SIGNED,
te Do		Janus H	Quinlind	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/20/82
AN Sta		224 PHYSICIAN'S NAME (TYPE	OR PRINT!	22e. ADDRESS	D DIRECTOR D THIS ICIAIT (A	1 / - /
with the Ste		JAMES	A GUINCON	IR UNIUTIES,	TY HOSPIOD	2
\$ \$ \$ \$ _	23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	123d LOCATION	
		BURIAL		A-11. H	PA CHYOLIOWN	COUNTY
	24. F	UNERAL DIRECTOR		ITR BUTUS / lem	TEREC'D BORECISTERAR 256. RELIST	RAR'S SIGNA
30M 2/80 (5, 4)		VARALE PT	ADDRESS	11 PallonsA	DEC 2 2 1982	moto toleral



	1	FOR	DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE	3 1 4 1 5
1	11.	STATE REGISTRAR	MEDICAL EXAM	AINER'S CERTIFICATE	OF DEATH REG. NO.	, , , , ,
X		CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN TX	
%	(TY	ELLWO	od T	Hammond	OF ESTI-	10 11 - 00
EASE TOR. FILES. OURS	3. SE		5. DATE OF BIRTH 6. AGE	(IN YEARS IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE	MONTH DAY YEAR 2d HOUR
		M NEGRO	S 10 43 30	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	12 11 1982 12:45
(144)	la B	IRTHPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY?	YRS.	A BAITIMORE CITY OR	
2	7	PREIGN COUNTRY)	11.5 7	MARRIED NEVER MAR	RRIED U	
NO. NO.	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		- Dullimore	OF WORK 12b. KIND OF BUSINESS
A H A H A H A H A H A H A H A H A H A H		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDR 2200 Sidney Ave	RESS)	FOR MOST OF WORKING LIFE)	OR INDUSTRY
D. 21201 I. IF ANY DELATES N. 2. AND 3 TO THE FU. 3. RETAIN PAGE 5. SCHOULD BE FILED. ALRECORDS. 201 W.	USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD		LADOFKI	5_1
21201 AND AND AND RETAIL	130 5	TATE 136 COUN		13d. INSIDE CHY LIMITS?		HEY AVE
0.2 0.2 3. R 3. R SHC	-	1119'	12//1	YES NO	- 0.47	5
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HOURS M 1B. G WIT WILL PINE, DIV		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	ly one cause per line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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WITHIN WITHIN NCIL IN NINER A NINER A STALL HY	13	Conditions, if any, which gave rise to immediate	(b)			
OR TREE W		couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUEN	NCE OF		
ZOT LA PEXA		Tyling couse lost.	(c)			
RECORDS, 2011 LD BE EXECUTED PENDING" IN PR MEDICAL EXAM D AS A BURIAL- HEALTH AND MEI CREMATION.		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a)	
RECORDS ID BE EXE PENDING MEDICAL D AS A BU HEALTH AN	N N					
LRE HEAD	1 8	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?	Sella E	20 AUTOPSY?
VITAL RE SHOULD ORD "PE CHIEF A SE USED A SURIAL, C	CERTIFICATION					YES X NO
OF VIT. OF VIT. THE CHAPTE SHOWENT OF BURNED TO BURNED	7 8	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RRED LENTER NATURE OF INJURY IN ITEM 18 PAI	
IVISION OF CERTIFICATE TING THE WE 3 SHOULD E DEPARTMEN 1 PRIOR TO B		UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M. 11			
DIVISION S CETTIFIC RITING TH REDED TO JE 3 SHOU E DEPART	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOR	ME, 211 LOCATION		
PIS CI RELED SCI	¥	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
D THIS E, WR SWARI	1	other per a production	Management and the second	N		
EXAMINER: CERTIFICATION BE FOR DIRECTOR: WITH THE	100	220 I certify that I took share	emains described above, held		tion [], Inquiry [], and	in my opinion
ME SECOND		death resulted from Natur	rolcount X, Accident .	Suicifile Homicide	Undetermined manner .	
WAN WAR		ACTUAL (1 VI - D. N 9	TITLE (SPECIFY)		DATE 40 /44 /00
ZHZ ZHZ	-	SIGNATURE	ALOW OUT	M.Deputy Ch	niefmedical examiner	SIGNED 12/11/82
MEDIC CUTE 3E 4 S FUNE FUNE ITIMO	7	EXAMINER'S NAME TI	homas D Cmith M	D 111	Dann C4 D-14-	MD
TO MEDICAL EXAMINER: THIS CERTIFICATE SH EXECUTE THE CERTIFICATE, WRITING THE WOR POSE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT C	A		homas D. Smith, M.			., MD.
FUSTER	230 E	URIAL CREMATION, REMOVAL 2	1 - 1 1 - 1 (6)	F CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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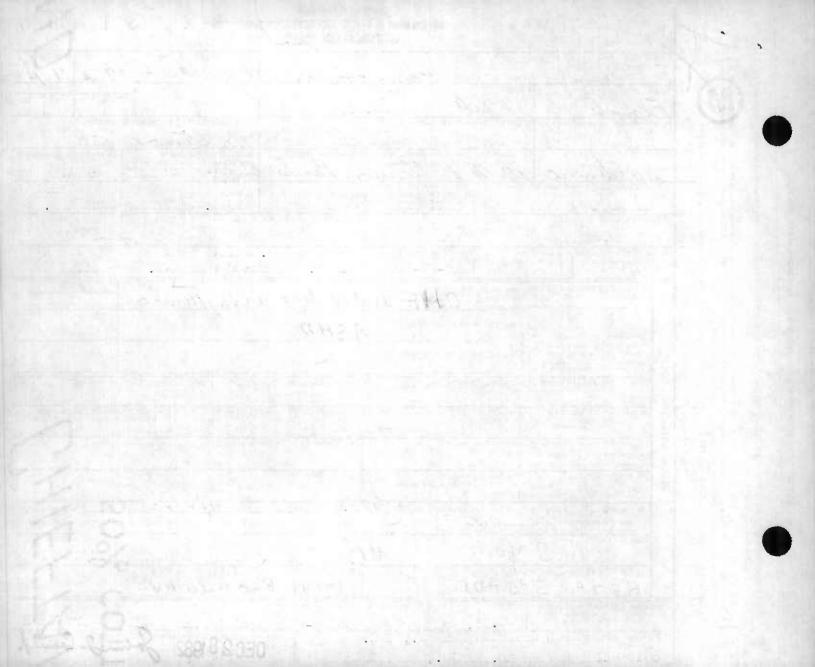


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2g. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) MARY 82 HANZ 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAYS 1892 Jan. 28. 90 a BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED RALTIMORE MD USA WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
MONTEBELLO (TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE Homemaker Own Home WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 3100 St. Paul St.. Maryland 21218 YES 😿 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Henry Cress Aanes Millar 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) medi No Helen L. Cress. 219 05 1613 Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Pulmonary IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which neumonia gove rise to immediate couse (0), stating underlying couse last. ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [0 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. sow the deceosed olive on 12 - 24 -19 <u>R 2 _____,</u> and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL 12-24-82 M.D PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b IMPORT, 2201 Argonne Drive, Baltimore, Md. 21218 KHOSROW ESNA M.D 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial COUNTY STATE 12/28/82 Druid Ridge Pikesville. 24 FUNERAL DIRECTOR Henry W. Jenkings & Sons Co. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VRA 15(4)) 4905 York Road Balto. . MD 21212

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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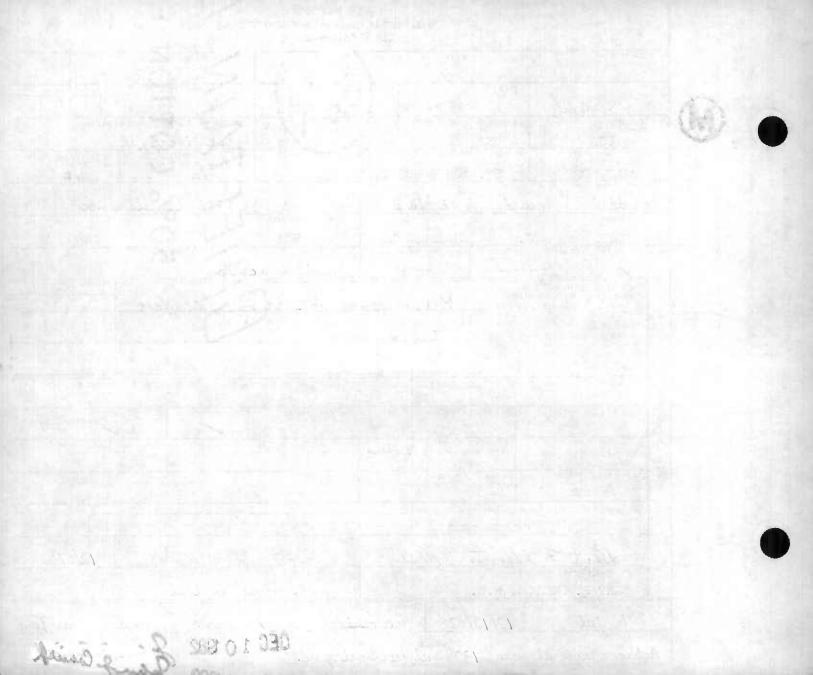
FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1.	FOR STATE REGISTRAR		DICAL EXAMINER'S		F DEATH DEG N	3 4 2	, 3
	DECEASED NAME FIRST (1996 OR PRINT) WESLI	EY Wal	Lter HA	RDESTY	2ª DATE KNOWN OF ESTI-	MONTH DAY YEAR	26. HOU
3. St	Male White	5. DATE OF BIRTH	1962 6. AGE (IN YEARS IF U	INDER 1 YR. IF UNDER	MIN PRONOUNCED DEAD	12-19-82	10:2,
B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) altimore, Md.	76. CITIZEN OF WH	MAR WIDO	RIED X NEVER MARRI	Baltimore	OR COUNTY OF DEATH	M
1/2	CITY OR TOWN OF DEATH ALT I MOTE JAL RESIDENCE (IF IN NURSING HOME OF	Baltimor	PITAL, NURSING HOME, OR OT CILITY GIVE STREET ADDRESS) CE City Hospita		124 USUAL OCCUPATION (TV FOR MOST OF WORKING LIFE ME Maintenance Me	ehanic Print	USINESS TRY ing
5 3e.	Maryland Ba		13. CITY OR TOWN Middle River		13. STREET ADDRESS 15 Gentian I	ane 2122	20
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2 160.	(YES, NO, OR UNKNOWN) (YES, NO, OR UNKNOWN) (IF YES, GIVE	WED FORCES? WAR OR DATES)	217 76 7637	Diane Har	desty, Wife	Same	150
IRIAL, CREMATION, OR REMOVAL.	Conditions, if ony, which gave rise to immediate cause (a) stating the <u>underlying cause lost</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	AS A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN PAI	NT 1 (a).		
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPS	
CAL CERT		216. TIME OF 30055PM DEATH P.M.	LUCATTU DAY VEAD		orcycle/pick-u	8 PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	XX STREET, FACTO		ster Ave&Ea	rls Rd. Chase,	Maryland	STATE
BALTIMORE, MARYONNO, 21201 PRIOR TO BUR MEDICAL CERTIF	deoth resulted from: Natural ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)		Accident X, Suicide L	_ADDRESS111_	Inquiry , o Undetermined manner . MEDICAL EXAMINER Penn Street	DATE SIGNED 12-20-	82
236.	BURIAL, CREMATION, REMOVAL 1	12/22/82	23c. NAME OF CEMETERY	e Memorial I		00., Ma.	STATE
- 17 AE (5))	FUNERAL DIRECTOR Funer	al Home P	A 1407 Old Eas	tern Ave	RECO. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE	

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

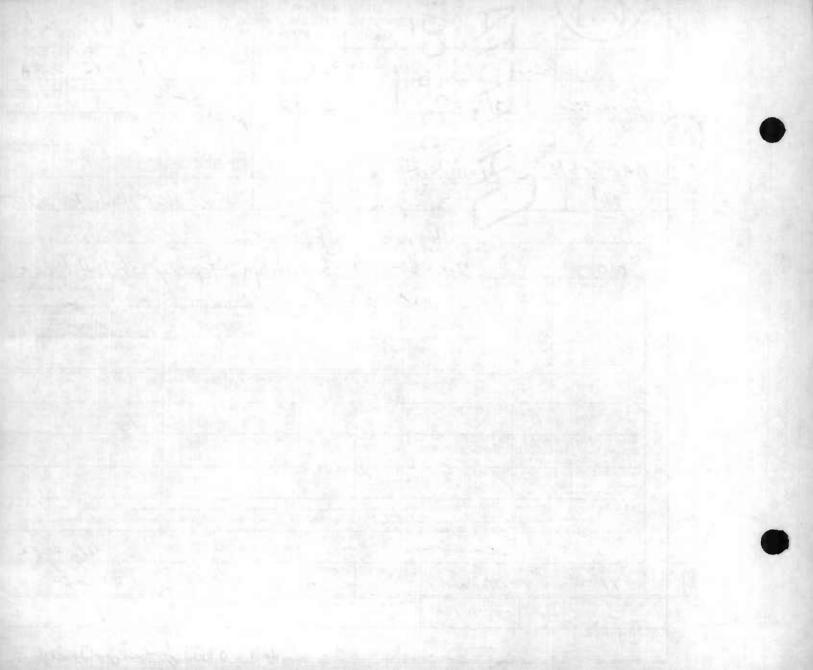
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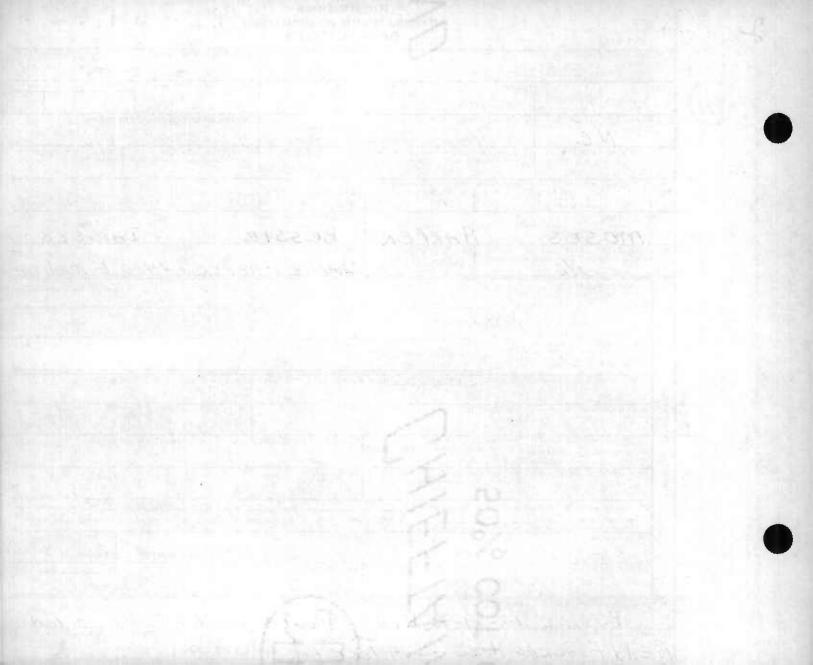
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 7n DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OF PRINTS ROL 82 27 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR F UNDER 24 HRS MONTH YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR ACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY uden BALTIMORE, MARYLAND 21201 ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR GATES) (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and BETWEEN ONSET AND DE PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f. LOCATION a 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. ... that (1) (we) lost sow the deceosed olive on_ and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL * should be deto with the State IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) 12/31/82 Mt. Zion Cem. Landsdown, Md. Buris 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15 (4)) Wm C March F/H 1101 E. North Ave.



~ ~	1	FOR	DEDARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	ALL MARKET STATE OF THE STATE O	1 4 2 8
1	1-	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	7
		EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	3 1982 26. HOUR
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9 4 ma	3. SE	MACE	Black	5. DATE OF BIRTY MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) M YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
town Age		RTHPLACE ISTATE OR FOREIGN 7.	L. S.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Baltimore	OF DEATH (LTL) MD.
s after d	10 CI	1 1	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	175 A MO OF BUSINESS OR
ND 2120	13a. S	AL RESIDENCE (IF NURSING HOME OR OTATE 136. COUNT	THER INSTITUTION GIVE RESIDENCE FORE	ADMISSION)	13e STREET ADDRESS Greater PA AV	E NRSG CTR.
rttA thin thin sho	14. F.A	THER'S NAME	DOIS 1467	15 MOTHER'S MAIDEN NA	ME	
MAR will be wi		moses	HARPE	er Bessi	e ~ MIDDLE	PANIELS
MORE,		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) UF YES, GIVE		RITYNO. 17 INFORMANT	ADDRESS	ST.
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I., 8A		PART I. DEATH WAS CAUSED IMMEDIATE		pulmonom Arres	; (,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST ding arban ar rei		1850	DUE TO, OR AS A CONSEQUE			
he death c he attendin emave cartin mation, or r traumatic		Conditions, if any, which gave rise to immediate	(b) Prosto			
W at the street of the street		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
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VISION OFFICIAL THIS of the but and M ked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION	CITY OR TOWN	COUNTY STATE
ENDI tal ai OR: A OR: A I is m		22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	[2 23]9	8 Z, and that in (my) (our) opinion		19_82, that (1) (we) lost and from the causes stated
hospin of hem 2	- 3	22b. SIGNATURE	view the body offer death.	DEGREE		22c. DATE SIGNED
Y the Y the A the Getor detor		John WI	Houelle	M ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/23/86
TO HOSPIT retained by TO FUNER should be with the Sti		22d PHYSICIAN'S NAME ITYPEOR	Howell	Wweisel	y Maylord !	Jospelal
mal		SURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
/U/ BP	24 FI	DURIAL UNERAL DIRECTOR	12-29-82 K	NG Mem. PK	TE REC'D. BY REGISTRAR 256. DESISTA	PAR'S SIGNATURE
DHMH - 16 50M 4/B2 (VRA 15, 4)	R	Edd FUNERA	2 Home -520	9 YORK Rel J	AN 41983	u. G. Columb



STATE OF MARYLAN	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	3
CEPTIFICATE OF DEATY	

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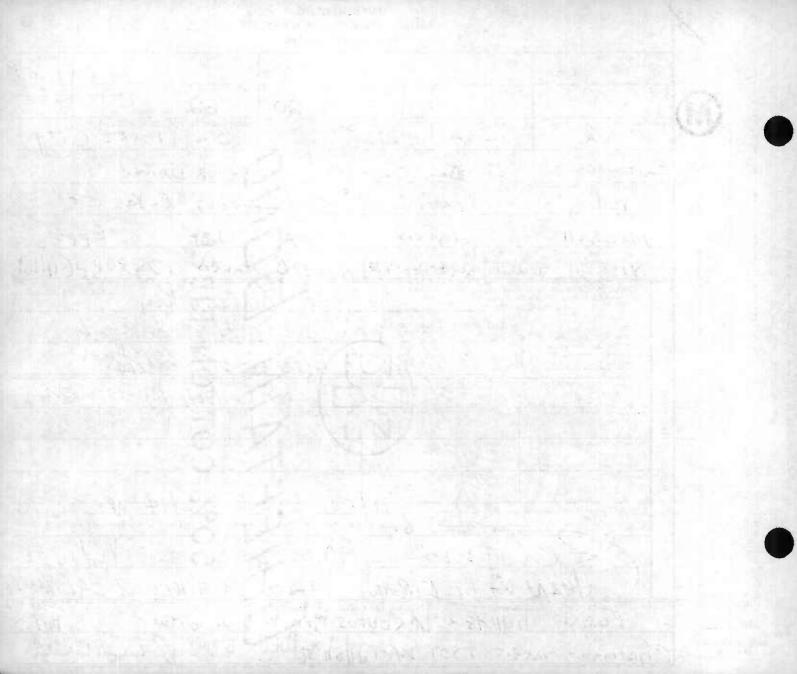
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		CEASED NAME FIRST	MIDDLI	1/1	POC 1 4	REG. NO.	DAY YEAR 2b. HOUR
	3. SE)	DAVYE	. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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35	13a. S	AL RESIDENCE (IF NURSING HOME OR O) TATE 136. COUNT		RESIDENCE BEFORE ADMISSION		130. STREET ADDRESS 700 CATHERE	Society
200		THER'S NAME	IDDLE	LAST	15. MOTHER'S MAIDEN NA		ALSTREET
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1		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b	50CIAL SECURITY NO. 73-05-3157	Earl V. H	arrell	Same
		18. CAUSE OF DEATH (Enter only	one couse per line	for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	1 1	espirat	ny anes	14	
		1627	DUE TO, OR AS	A CONSEQUENCE OF		0	
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	7	PART 2. OTHER SIGNIFICANT CO		2	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
1	ATIO	190. DATE OF OPERATION	LION CONDITION	N FOR WHICH OPERATION	IN WAS DEDECTION	200 AUTOPSY? 20b. II	YES, WERE FINDINGS USED
2	CERTIFICATION	TW. DATE OF OFERATION	178. CONDINO	- CK WILLIAM C	or was tell ormes		RTIFYING CAUSES OF DEATH?
a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
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	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F	NJURY ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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		obove, (1) (we) (did) (did not) 22b. SIGNATURE	view the bady offer	death.	DEGREE		22c. DATE SIGNED
_		SMichael	Lame	ftm /	Acceptance of the second secon	DIRECTOR PHYSICIAN	12/3/82
/		J. MICHAEL	HAMIL	NOV	UNIV of Mul	RYLAND HOSP,	BACT MD
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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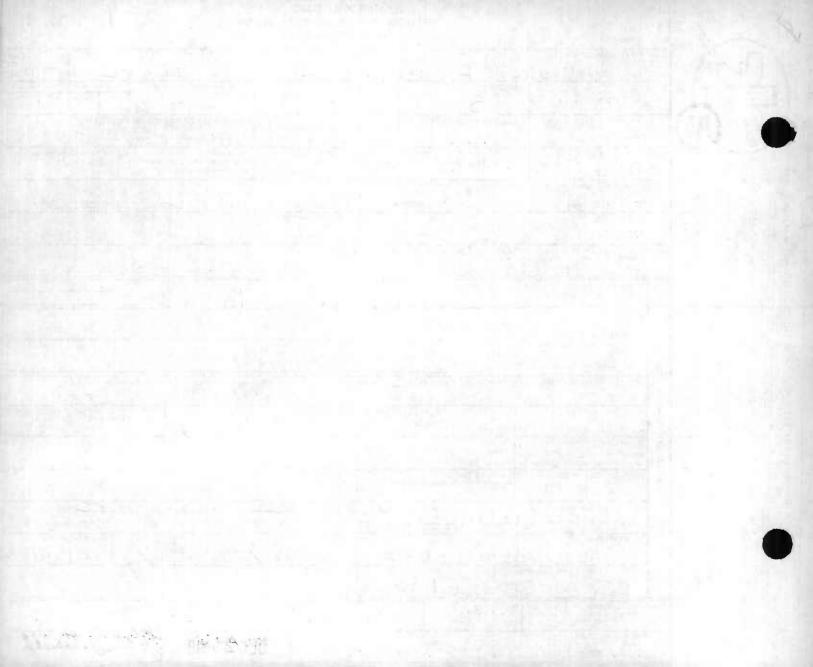
M. FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

1250 DATE REC'D. BY REGISTRARY S. REGISTRARY SIGN

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	1			STAT	E OF MARYLAND		man a	a
1	1.	FOR STATE REGISTRAR	DEI		ICATE OF DEATH	9	3 4	3 1
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	3 SE		4. RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
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MI	Ig. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
	RO	Maryland	U.S.A.	WIDOW		Baltimore	City,	MD
4	1	altimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Lutheran	IURSING HOME (ESTREET ADDRESS) Hospital	OR OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS OR
1	LIME)	AL RESIDENCE (IF NUR III G HOME OF STATE			A 124 INICIDE CITY HANTES	13e. STREET ADDRESS		
5,4		aryland	NIY Balti		13d. INSIDE CITY LIMITS?		ers Lane Apt	. 333
00	14. F/	THER'S NAME			15 MOTHER'S MAIDEN	NAME		
U	1	William	Har	rison	Grace	WIDDIE	Ho	llins
8 1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRI		
	1	NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 217-0	3-3555	Annie Gaith	er 42 Bloomi	ngdale Aven	ue
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y, or other i		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON		NOT RELATED TO THE TE	rminal disease or con	IDITION GIVEN IN PART 1	(0)
all a	CERTIFICATION							
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=9	1	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	ZIE HOW INJURY OCCI	JRRED (ENTER NATURE OF INJU	RTIN ITEM 18, PART 1 OR PART 2)	
-/	HOH	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
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73		sow the deceased alive an abave, (1) (we) (did) (did no	at) view the bady after death.	, a	nd that in (my) (our) opinio	on death occurred on the d	ote and hour and from the	e causes stated
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1		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS			
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	230 (BURIAL, CREMATION, REMOVAL SPBURIAL	12/31/82		emetery or cremator wn Cem.	Y 23d LOCATION Woodlawn	COUNTY	Mg .
76	24 F	UNERAL DIRECTOR			25a. D	DEC 29 1987	256 REGISTRAR'S SIGNA	PORE . A
	W	m. C. March F/H	Inc. 1101 E.	north A	venue	DEC 2 9 1987	10 miles	ishuly



Faith Hortes 12 1 52 1948 (2) 11: (2) The remains of the trade of the 15 15 15 STATE OF THE PARTY STATE OF THE Contro-Tolonary arrest OVER OF CONCENCED STORY IT B. 12/1 82 12/1 82 0 M. Nestey M.D. Seel S. However St. THE STAND OF THE STANDARD OF T LIEBRE DE LA HEDRON ST. MANNE COO LE LE BLOWLE

7	POR STATE REGISTRAR		ALTH AND MENTAL HYGIE CATE OF DEATH	REG. NO.	1 4 3 0
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ge 4 mo.	3. SEX Female	CAUCASIAN ONTH	BIRTH BAY YEAR OF	AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Geoth. Po	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEE	NEVER MARRIED	BALTI MORE CITY OR COUNT	
s ofter of the filed v	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL NURSING HOME OF HOME OF HOSPITAL NURSING HOME OF	GENERAL	20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L UNEMPLOYE	126. KIND OF BUSINESS OR INDUSTRY Acrine Opera
AND 21.		FIMOLE BALTO	13d. INSIDE CITY LIMITS?	36 STREET ADDRESS 1433 COUNTY	ton Street
ompletely and 2 s	14. FATHER'S NAME BRN BRN	DELONG	SARAI	MIDDLE	Buskink
be execu	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATEST	Mr. Finn Hartm	an, Same as	above
s that the death certific ed by the attending phalease remove carbon price, cremotion, or remand are other traumotic ever	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) Performance DUE TO, OR AS A CONSEQUENCE OF (c) CONTRACT (c)	queto al	failure) tridney
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TO HOSPITAL OF TO FUNERAL Branch by the State Desired by the State Desired by with the State Desired by MAPORTANT. If		mattson ms 2 mattson	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN A	TREET
0 € 0 € ₹ € 1	230. BURIAL, CREMATION, REMOV		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN Baltimone	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	Mc Willy Funeral	Home, 130 E.Fort Ave. Bo	250. DATE		STRAR'S SIGNATURE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CERTIFICATE OF BEATH

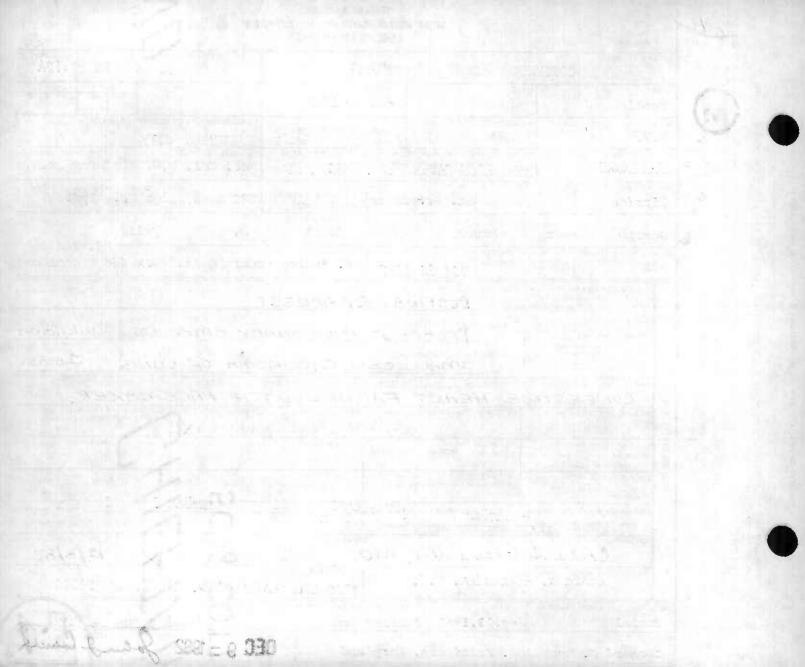
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME LIYPE OR PRINTS HAUCK 82 8:10A ROSE 12 CORTNNE 5. DATE OF BIRTH IF UNDER 1 YEAR IE LINDER 24 MR AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE Dec. 3, 1917 YEAR 65 White Female In BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA BALTIMORE CITY WIDOWED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR REE WORKER TOST OF WORKING LIFET INDUSTRY BALTIMORE WALLE LOCK RAVEN BLVD. BALTO. MD USUAL RESIDENCE (IF NUI M3a. STATE Florida 523 BOCA Ciega Pt. Blvd. ASM'T CHINTY St. Perersbur 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Joseph Clarasi Kulle J. Hauck Henru Md. 21639 ADDRESS 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO yes NO OR UNKNOWN) Mrs. Audrey McCarthy Rt.1 Box 446 Greensboro 064 24 2407 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY RESPIRATORY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PULMONARY EMBOLUS PROBABLE Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF Imos. SMALL CELL CARCINOMA OF LUNG PACEMAKER FAILURE WITH 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216. TIME OF INJURY MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH 19 LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a. I certify that (i) (this hospital attended the deceased from a November 30 December and that in (My) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on above, X() (we) (did) (did) XXX view the body after death. 22c DATE SIGNED 226. SIGNATURE DEGREE Carla S. alexander, MO ATTENDING DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT)
Carla a. Alexander. M.D. 3900 LOCH RAVEN BLVD. BALTO. MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 230 BURIAL, CREMATION, REMOVAL Buria1 Dec.13,1982 Flushing Cem Flushing Queens

DHMH - 16 50M 4/B2 (VRA 15, 4)

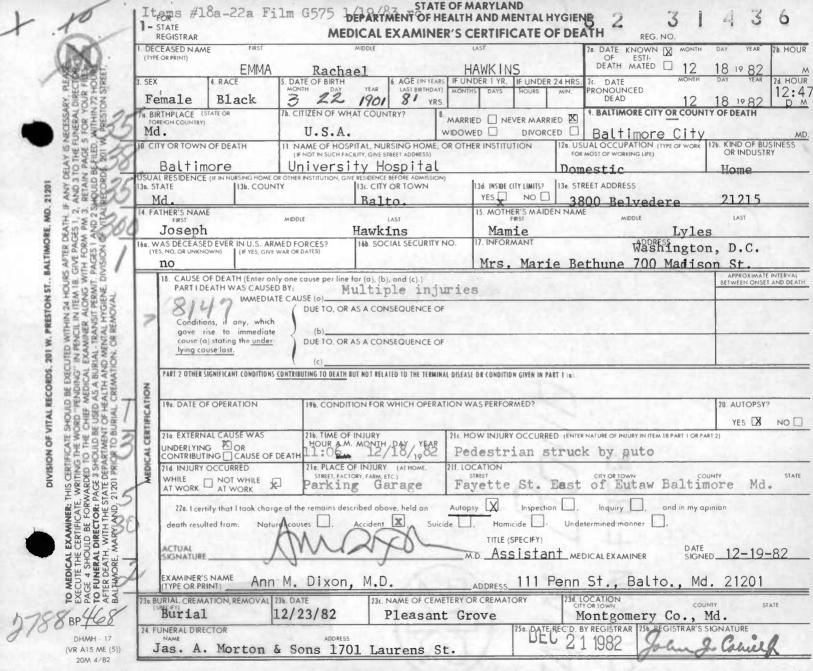
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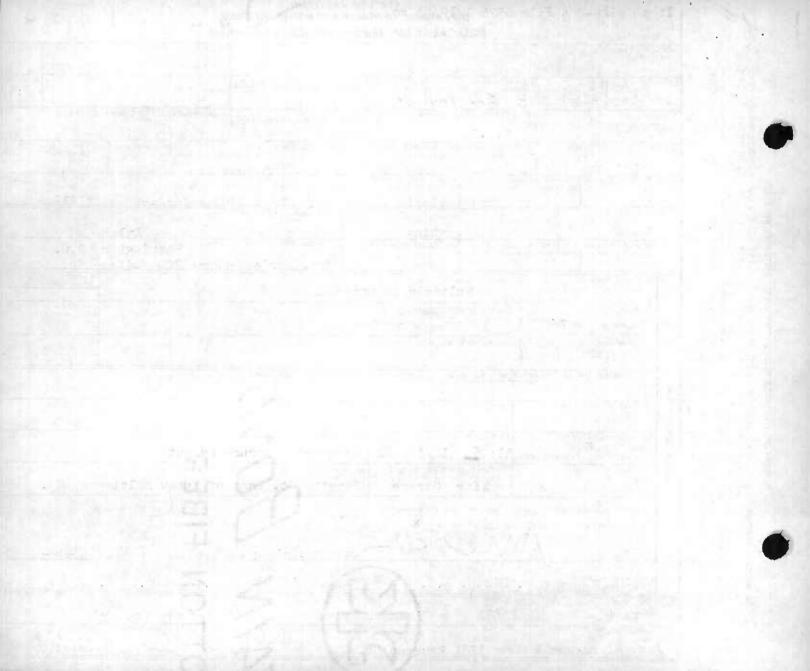
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24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

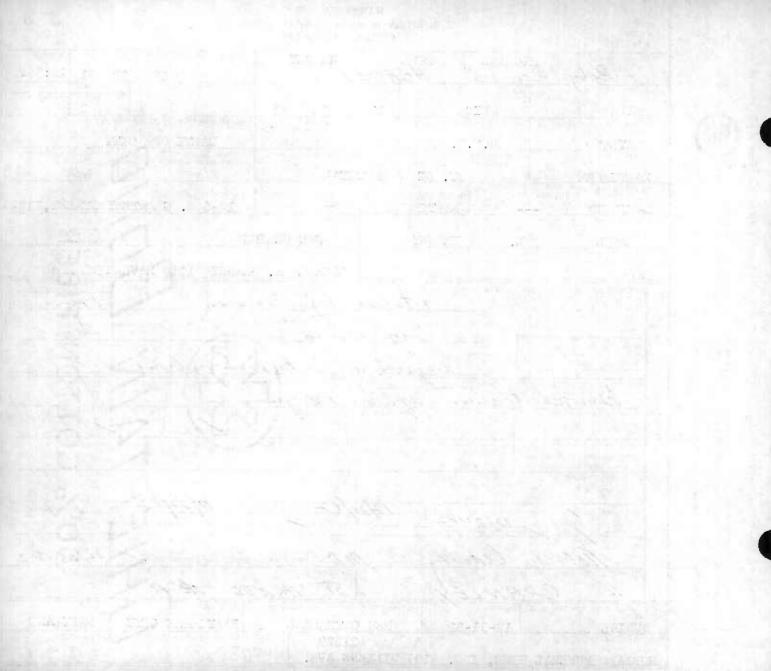


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moy pager de	3. SE	× /	1 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UND	ER 24 HRS
of p		MALE	WHITE	12	DAY YEAR 20 82	0	YRS. MONTHS DAYS HOURS	MIN.
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BOTT VI	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME (Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION		NESS OR
0 0 10 07C		BALTIMORE	ST.	AGNES HOS	PITAL	N/A	N/A	
4 having deal in by de	13a.	AL RESIDENCE (IF NURSING HOME COL		IDENCE BEFORE ADMISSION) TY OR TOWN	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
AND		ARYLAND -	BA	LTIMORE	YES X NO		GRANTLEY STREET,	,21229
withi withing d 2 s	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST	
WA be and be sold by the sold		PAUL		ANEY	JACQUELI		SMITH	15,30
MORE, nand co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SC IVE WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT	ADDRE	21229	
ه نبرة ه		N/A	N	ONE	CAMELLA M.	HEANEY 1210	HAVERHILL ROAL	
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OR ha		226. SIGNATURE	01	7	DEGREE		22c. DATE SIGNE	D
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TO HOSPITAL retained by 1 TO FUNERAL should be de with the State MRORTANT:		R. CK	PANLES		SI AGN	IES HOS	P	
5 € F 2 8 €		BURIAL, CREMATION, REMOVA	t 23b. DATE	23c. NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
3 C (BP		BURIAL	12-31-82	NEW	CATHEDRAL	BALT IMORE	CITY MARYLA	ND
DHMH-16 30M 2/80	24. F	JNERAL DIRECTOR		ADDRESS	41447 1		256. REGISTRAR'S SIGNATURE	
(VRA 15, 4)	H	UBBARD FUNERAL	HOME, INC.	4107 WILKI	ENS AVE.	EC301982	Jo an L. Carre	14

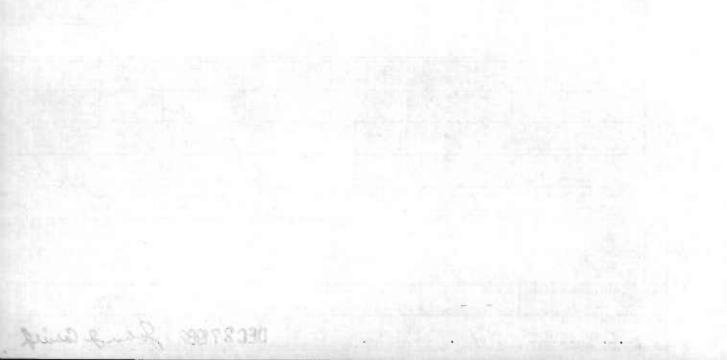


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	Y OR TOWN OF	DEATH	USA WIDOWED DIVORCED BALTIMORE C						ORK 12b. KIND OF	BUSINESS	
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	Y land	Lec.	LI	MOLCH Pe	ist	YES NO 18		Mecha	nics v	alley Roa	ıu
, rai	FIRST Willian		MIDDLE	Brookove	er	FIRST Minnie		MIDDLE		LAST	
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MEDICAL	CONTRIBUTING	CAUSE OF D	EATH 9:33 W	MONTH DAY YE	82 Dr	iver in au	to/var	coll	ision.		
ō 7	214 INTURY OCCI	LIPPED	21e PLACE	OF INJURY (ATHOME	21f. LO	CATION					
\$	WHILE AT WORK AT	OT WHILE		TORY, FARM, ETC.)		AO 9 Mach		TY OR TOWN		COUNTY	STATE
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	220 I certify th	ot I took chorge	e of the remains de	scribed obove, held or	n Autop	Sy Rd.	n .	Inquiry .	ond in m	ny opinion	
	death resulted In		ol couses .	[7]	Suicide	Homicide		ined monner		,	
	Geom resurred II	Noton	or cooses [Accident III,	Juicide [undeterm	mea monner	·		
	ACTUAL	MI	0			TITLE (SPECIFY)			5.4	ATT 40 40	
5	SIGNATURE	ANA	XXX		N	.b. <u>Assistant</u>	MEDICA	LEXAMINER	SK	ATE 12-18	-82
		/. /.	UTY		-						
(EXAMINER'S N.M. (TYPE OR PRINT)	Ann	M. Dixor	1, M.D.		ADDRESS111 F	Penn S	t., Ba	lto.,	Md. 2120	1
3o. BUI	RIAL CREMATION	N, REMOVAL 2	B. DATE	23c. NAME OF	CEMETERY C	R CREMATORY	23d. LOCA	TION		COUNTY	
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A THE LAND	MERAL PIRECTOR	10	71. n)	HILL	250 PATE	EC'D. BY RE	GISTRAR 25	L DEGISTRAF	R'S SIGNATURE	-
17.7		18.3	Hickoppess	ELKTON, M	HILL	Methodist (PEC'D. BY RE	GISTRAR 25	EGISTRAF	R'S SIGNATURE	1

Foarle Confree June 2, 1904 21901 X 1130 cochanics valley took des da sol lion of and by TOVISION muscilla. 21901 Tr. Davos c. Heath, Lords cast, out. 2508-50-006

artal (22-21-32 Charry Hill Accounter, Cherry 411), Sq.

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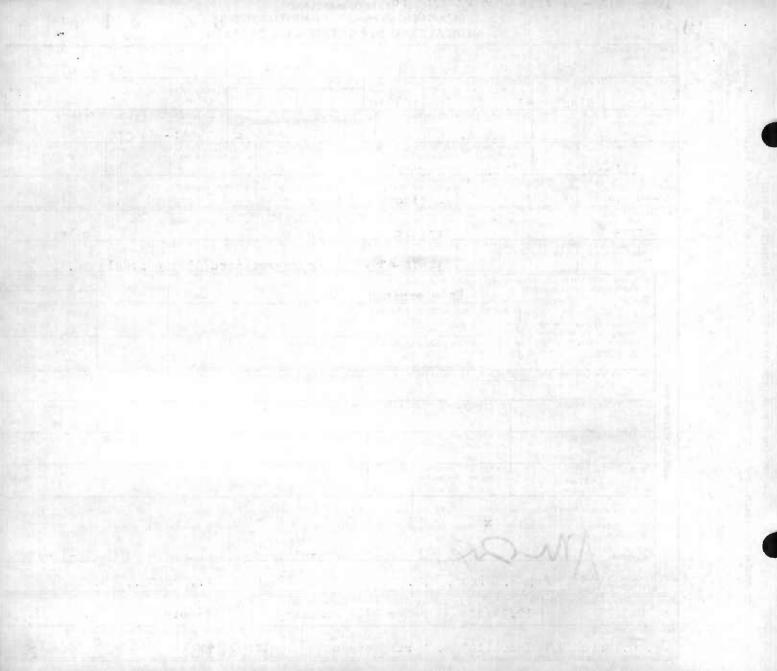


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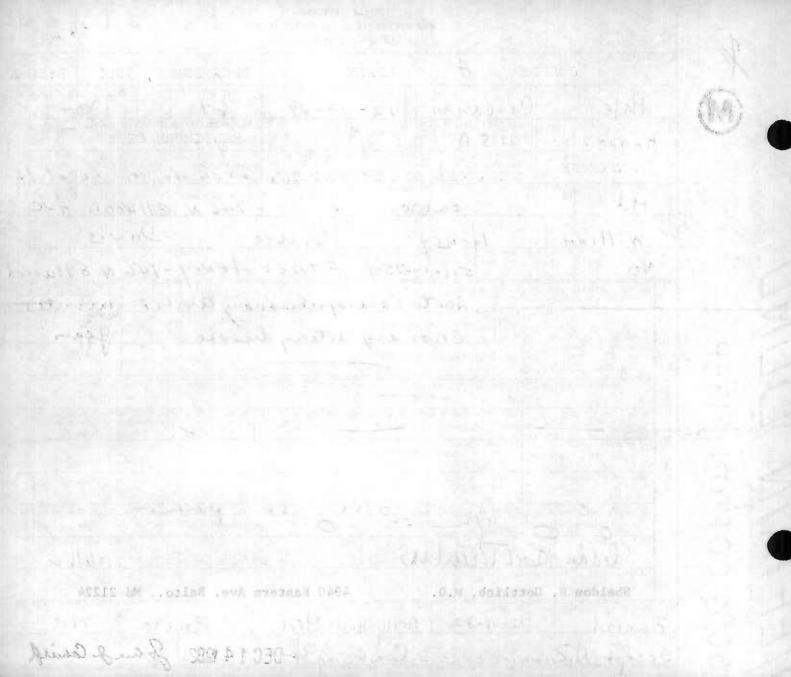
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16	la. W	AS DECEASED	EVER IN U.				IAL SECURIT	Y NO.	17. INFOR				ADDRESS	5	COLD		
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		death resulte	d from:	Natural ca	uses X	Accident	L. Su	ncide	, Hami	cide .	Undeter	rmined man	ner ,				
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				12	2/23/82	(Cedar	Hill	Cemet							Md	
		NERAL DIREC			ADDRESS								25b REGI	ISTRAR'S S	IGNATURE	. 9	B
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1/	1.	FOR STATE REGISTRAR	DEP		MARYLAND H AND MENTAL HYG E OF DEATH	IENE 8 2	3 1 4	1 # 3
3 450			PH A.	HENRY		DECEMBER 8		3:58 MA
	3 SE	* Male	Caucasian	5. DATE OF BIRT	1 9 - 17	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	10	RTHPLACE (STATE OR FOREIGN -	TO CITIZEN OF WHAT COUNTY	RY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COU BALTIMORE		MD.
Softer o	10. C	BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S THE JOHNS	TREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING UFE) INDUSTRY	of BUSINESS OR Cal 16
MD 212	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE	EFORE ADMISSIONI	NSIDE CITY LIMITS?	13e. STREET ADDRESS	1/W00D	Auc
MARYLL mapletely ond 2 st	14 F/		MIDDLE HENT		OTHER'S MAIDEN NAM	MIDDLE	Davis	T.
IMORE,	10. CITY OR TOWNOW 10. CITY OR TOWNOW 10. CITY OR TOWNOW 10. CITY OR TOWNOW 11. FATHER'S NAME PART 1. DEA Conditions, if gove rise to cause (o), underlying PART 2. OTHER 19a DATE OF OR 21d. ACCIDENTW. OR CONTRIBUTION (IF EITHER NOTHER 21d. NOUR OR OWNEROW 22d. PHYSICIAN Sheld Sheld		E WAR OR DATES)	4-7531	ETHEL	HENRY -/	46 N.E	110000
4. THOMAS SM (DS, 201 W. PRESTON ST., 1 quires that the death certific signed by the attending phi hen please remove carbon por to burial, cremation, or rema njury, or other traumatic even	20	Conditions, if only which gove rise to immediate couse (o), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSI	QUENCE OF	attery d	usesse INAL DISEASE OR CONDITION	yes	utes
LI RECOR	LIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION WAS	SPERFORMED	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDIN ERTIFYING CAUSES YES []	NGS USED OF DEATH?
- MAGAO-DELATA RECO DING PHYSICIAN: The low r or attending physicion. S. Atter this certificate has bee se as the buriol-transit permit. selith and Mental Hygiene prior morked or them 18 shows any		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE		
AG PHYS offer this sthe bu h and M hyded or l	MEDI		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFI		OCATION STREET	CITY OR TOWN	COUNTY	STATE
TENDIR		220.1 certify that (1) (this hospit sow the deceased alive on above (1)(we) (did) (did no		9 EV, and that		to present	hour and from the	that (1) (we) lost causes stated
E TO A A The hos A L DIRECT PROCHED TO BE DEDT.		Selde to	outstill	DEGRE	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	1.
D HOSPIN bound be bound be on the Si		Sheldon H. G	ottlieb, M.D.	4		n Ave. Balto.		-7-11
19 60 BP	F	Surial	23b. DATE 12-11-82	Holly Hi	Il Men.			1d STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 etamed by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbonopapers. Pages 1 and 2 should be 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH MIDDLE LAST YEAR DECEASED NAME FIRST 2b. HOUR ANDREW FUNGJONG HEO DECEMBER 4, 1982 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH 8/22/1929 MALE WHITE 53 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED U.S.A. BALTIMORE CITY WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE BALTIMORE CITY HOSPITALS SELF-EMPLOYED RETAIL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE 15 PORTSHIP RD. 21222 DUNDALK YES T NOX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST UNKNOWN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 252 WAGNER AVE. HE YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 243.13.2917 ROGER D. HARGIS BALTO. MD. 21219 SETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF StaTes Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS-A CONSEQUENCE-OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [NO YES T 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY COUNTY STATE STREET CITY OR TOWN LAT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on above. (I) (we) (did) (did not) view the bedy after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 1000260 DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME ITTE OFF 224. ADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE COUNTY 12/7/1982 OAK LAWN CEMETERY BALTO. MD. 250. DATE REC'D. BY REGISTRAR 25h

DHMH - 16 50M 4/82

(VRA 15, 4)

FOR

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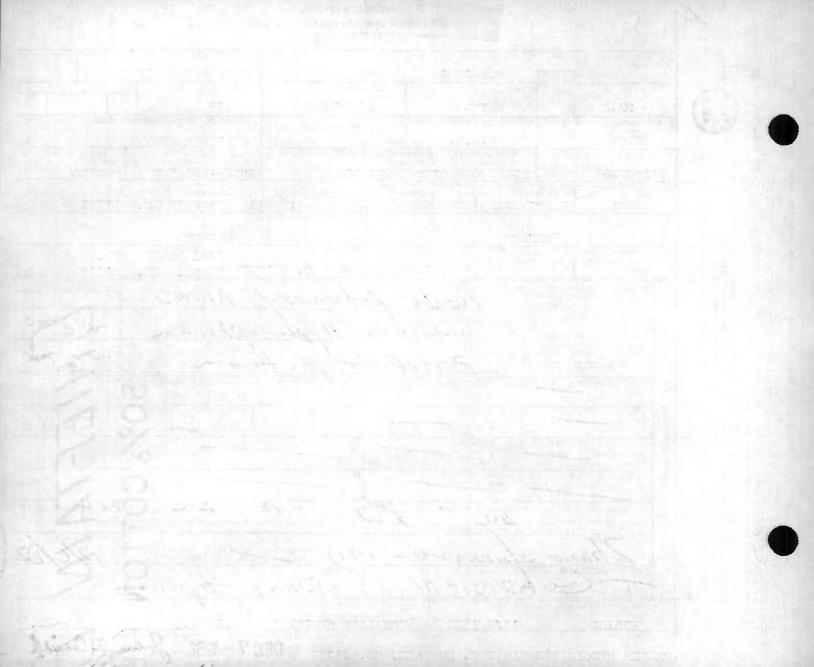
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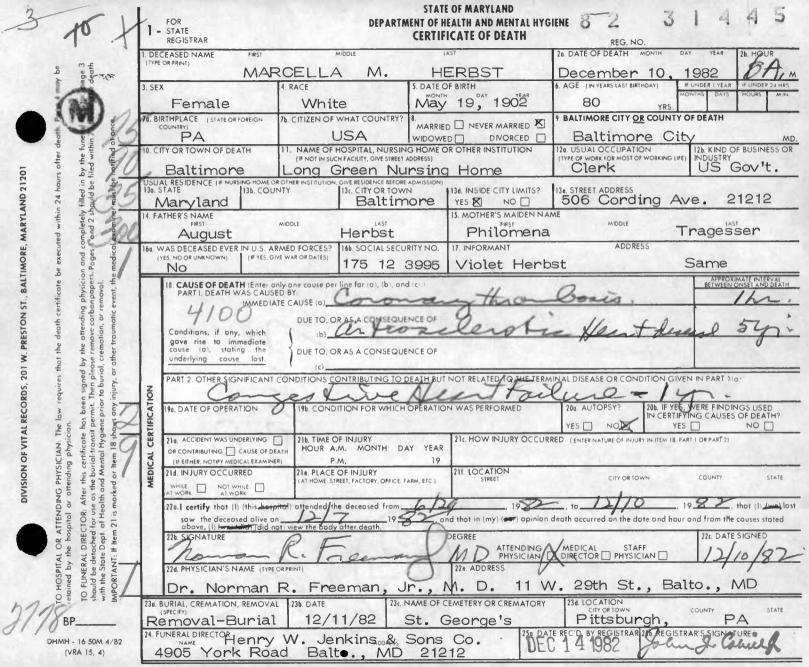
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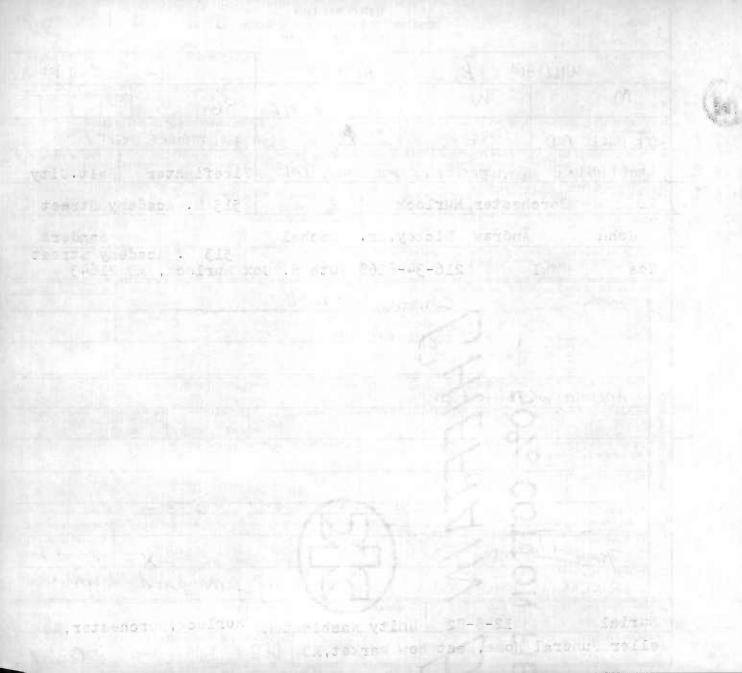


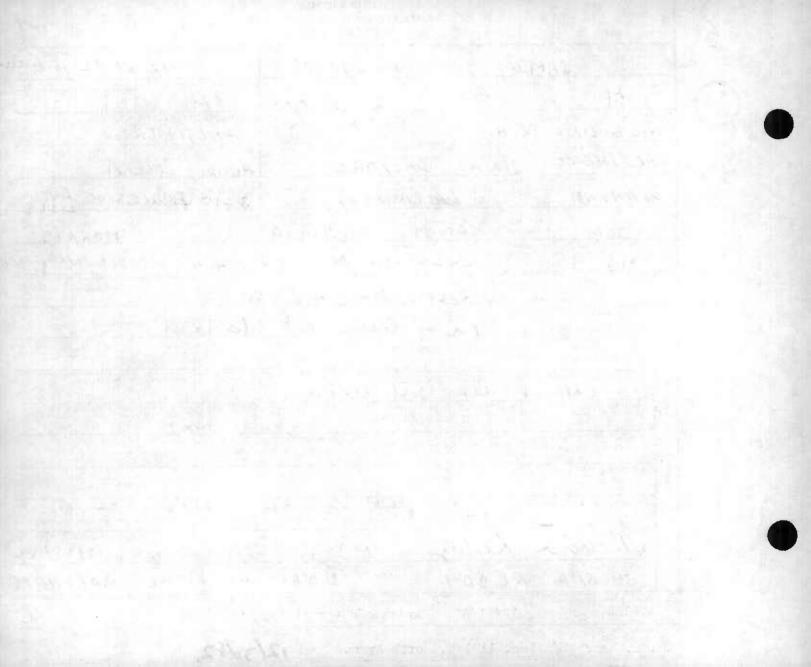


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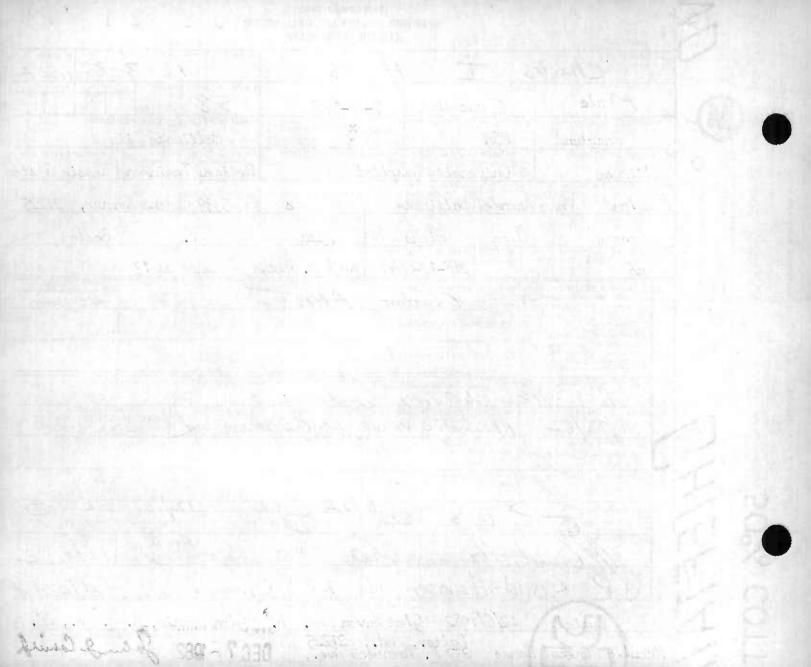
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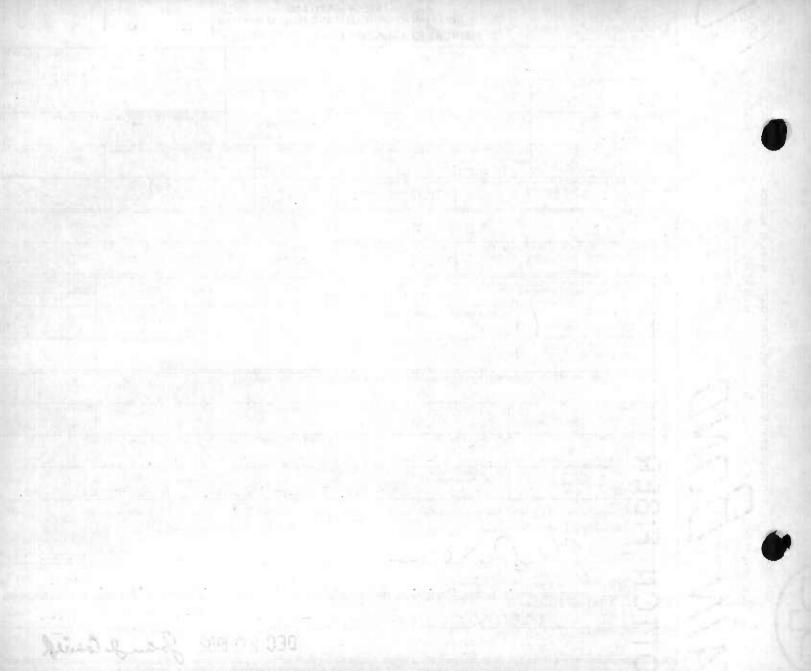




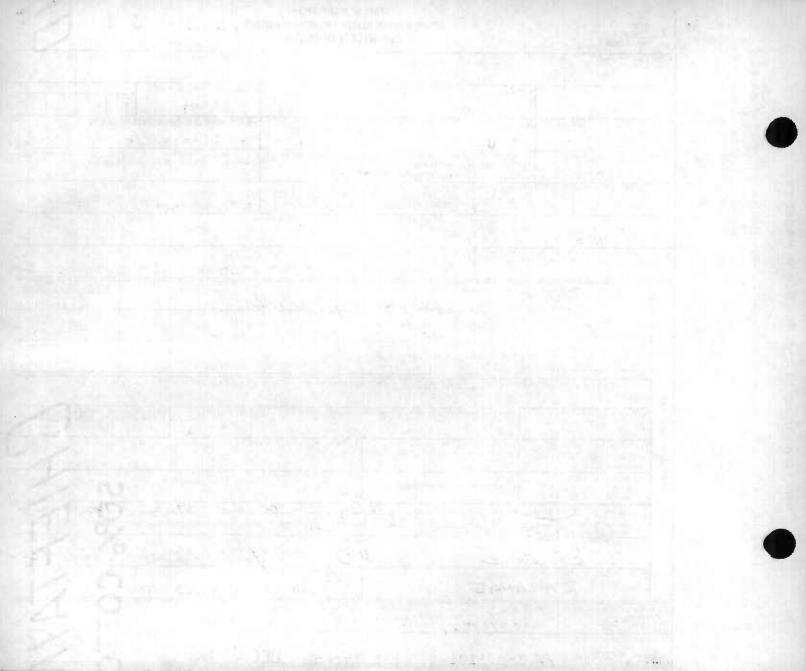
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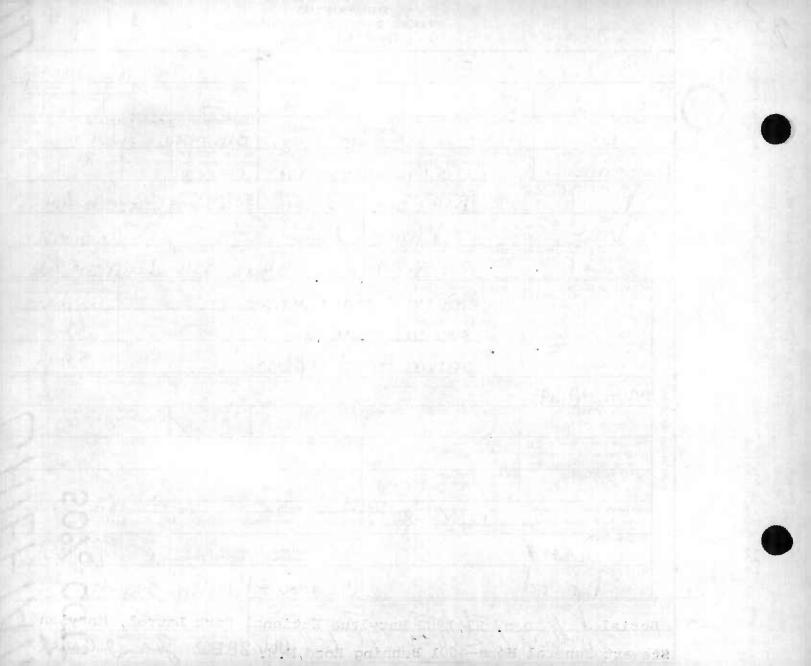
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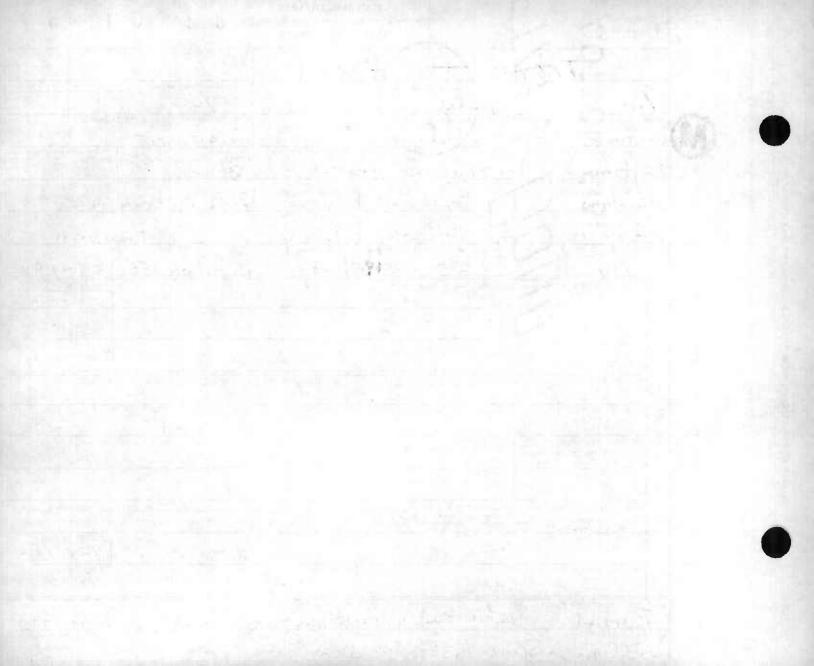
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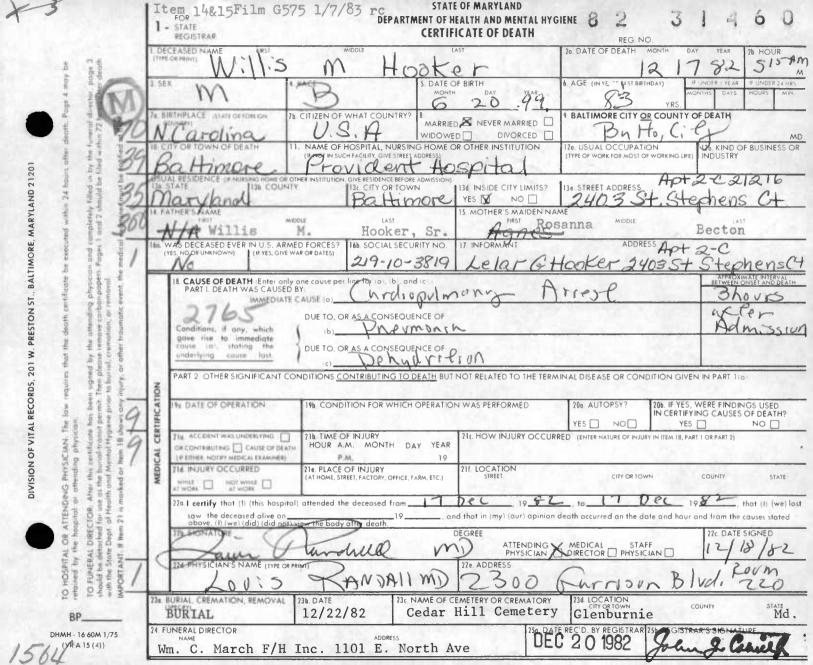


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DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME 1/20 NSTO R	Raile.	130985	Non	Ila -	250. DATE	N 5198		GISTRAR'S	_	IRE hell	

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1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	REG. NO.
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BINTHPLACE ISTATE OF FOREIGN 1/2 CITIZEN OF WHAT COUNTRY? 8. 9 BALTIM	PEARS LAST BIRTHDAY) F UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN- ORE CITY OR COUNTY OF DEATH
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USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE	T ADDRESS L
WAY/AND BA FIND TE YES IN NO 155	MIDDLE Free MAN
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY 10 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-07-4512 1144 YS B. H	INDS 1550 MCKOAN AVE.
14. FATHER'S NAME FIRST MIDDLE 14. FATHER'S NAME FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY OF 17 INFORMANT (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stofting the underlying cause last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Frederich Long June
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEARCH TO THE TERMINAL DISEA	TOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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220.1 certify that (I) (this hospital) attended the deceased from	17-30, 19-82, that #\$ (we) last
A SO B D TO THE STATE OF THE ST	L STAFF / Z/6/62
ATTENDING MEDICA PHYSICIAN DIRECTO 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22d ADDRESS 23d BURIAL, CREMATION, REMOVAL 23b. DATE 23d NAME OF CEMETERY OR CREMATORY 23d. LOCAL COLUMN AND CO	CATION BY A MULLY
15 JBP DUFIAL 12-10-82 md Matigra han Park LA	REGISTRAR 25% REGISTRAR'S SIGNATURE





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Leonard J. Ruck, Inc. Baltimore, Maryland

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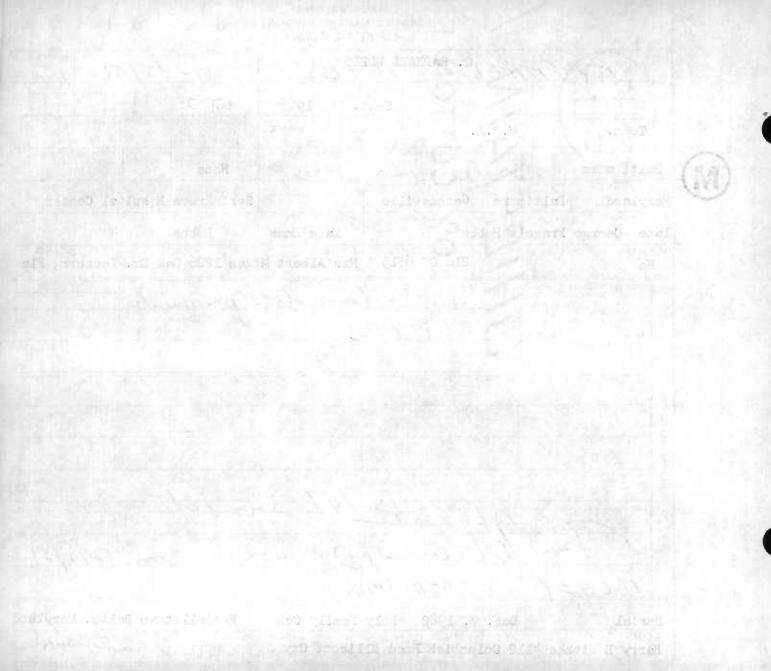
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.
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	1 05	- STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME FIRST		20 DATE OF DEATH MONTH DAY YEAR 26
/Es	2	Pemale	S. DATE OF BIRTH MONTH DAY YEAR G G 24	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF
T.	300	RIHPLACE ISLOCKHOUSE	76 OLIVEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH
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medica		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 11 NEOF SANT. WAR OR DATES! 37438-336	4 2 Hot Strew Wash
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HOER I YEAR IF UNDER 24 HRS	6. AGE (IN YEARS LAST BIRTHDAY) IF	BIRTH YEAR	5. DATE O	1. RACE White		Male	3. SE		
		21 98	3				L.	2	,
	9. BALTIMORE CITY OR COUNTY O	NEVER MARRIED	MARRIED	b. CITIZEN OF WHAT CO		SIRTHPLACE (STATE O		SE	9
26. KIND OF BUSINESS OR	Baltimore (WIDOWEI	U.S.A.		Md.	10.0	1	Ď
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	ADDRESS	17. INFORMANT	IAL SECURITY NO.	NED FORCES? 166 SOC		WAS DECEASED EVE		- dicoi	1000
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ERE FINDINGS USED 3 CAUSES OF DEATH?	200 AUTOPSY? 20b. IF YES, V		WHICH OPERATION			190. DATE OF OPER	TIFICATION	9	
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COUNTY STATE	CITY OR TOWN	STREET		(AT HOME, STREET, FACTO	NOT WHILE AT WORK	WHILE IN NOT V	M		par
22c. DATE SIGNED	eath occurred on the date and hour o	EGREE ATTENDING PHYSICIAN	19, an	view the body after dec	not (I) (this haspite eceased alive an we) (did) (did not RE	220. I certify that (saw the deceded obave, (I) (we) 22b. SIGNATURE	A YOUR	,	ANT, If them 21 is man
TO MD21234	the same of the state of			IAN SRIM	RAMAN	SUBRI		1	1400vest
DUNTY STATE		METERY OR CREMATORY		23b. DATE	ION, REMOVAL	BURIAL, CREMATION		4	
Md.		tanislaus C	St. S	12-6-82		Burial			
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STATE OF MARYLAND

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STATE OF MARYLAND

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STATE OF MARYLAND

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EPARTMENT OF HEALTH AND ME	EI

NTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH 26 HOUR (TYPE OR PRINT) Hohmann P. M Margaret December 28 1 SEX 4 RACE DATE OF BIRTH IF UNDER I YEAR IE UNDER 24 HRS White DAYS Female 02 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore (ity WIDOWED DIVORCED 126. KIND OF BUSINESS OR INDUSTRY Baltimore Foster Avenue Housework USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 3212 Foster Avenue 21224 laruland YES FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Rosa loseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO ADDRESS 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) dward L. Hohmann 3212 Foster Avenue 21. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY 7 arcinom IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF last underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE 22a.l certify that (1) (this haspital) attended the deceased from sow the deceased alive on Dece in her to 1951 and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 637 South Conkling Street 21224 Gaskel

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Sacred Heart

24 FUNERAL DIRECTOR Zeiler & Son Inc. 901 S. Conkling Street

STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

Parament R. Harame Foncie in the second Pacificance 12/2 Fourteen American Freehold Houseaning Carriery 2/2 Market New 2/2 Market New 2/2 2/2 Market New 2/22/4 1 1 - 15 - A 20 - 1/2 William . Will be for for for for more management of Commence of the second

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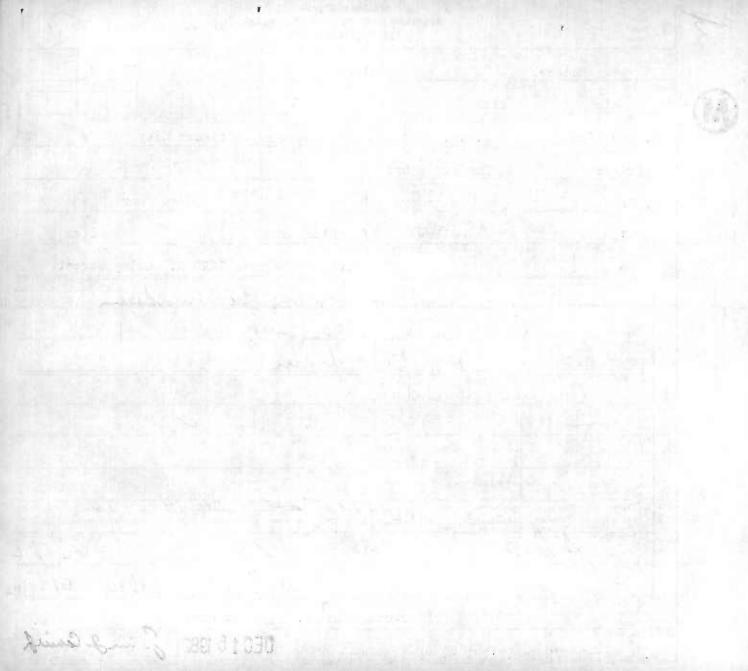
J.S. Teiler Loon one, 14 S. Johnson sinest

Wm. C March F/H Inc. 1101 E. North Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician

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	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL BICATE OF DEATH		E 8 2	10.	3	64	6	9
	DECEASED NAME	FIRST		MIDDLE.		LAST	20	DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
		JOSEPH		LEE	_	LLEY, SR.			Dec.	-			M
	Male		Black		5. DATE (ch 7,1917		AGE TIN YEARS LAST BI	RTHDAY)	MONIE	DER I YEAR	IF UNDER 24	MIN.
3	COUNTRY) t. Mary's	Co., Md.	USA		MARRIE	D NEVER MARRIED		Baltimore CITY O				F BUSINESS	MD
Ba	altimore		Provide	ent Hospi	tal	SK OTHER INSTITUTION	A.	uto Shop	OF WORKING	LIFE) IN	NDUSTRY	F BUSINES:	3 OK
] 3	o. STATE Md •	13b COUN		Balto.		13d. INSIDE CITY LIMIT	_	STREET ADDRESS 117 N. Wh	atco	at S	St.		
JJ:	FATHER'S NAME FIRST			Holley		15. MOTHER'S MAIDE	N NAME	WIDDLE		Med1	Ley LAST		
	WAS DECEASED E IYES, NO OR UNKNOWN NO		MED FORCES? WAR OR DATES)	218 10 7		Myrtle Hol	ley 1	ADDR 117 N. W		at S	St.		
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CERTIFICATION	19a. DATE OF OP				OPERATIO	N WAS PERFORMED	5 31	200 AUTOPSY?	IN CERT		RE FINDING CAUSES	OF DEATH	?
/ -	00.00.00.00.00.00.00	CAUSE OF DEAT		M. MONTH DA	AY YEAR	21¢ HOW INJURY O	CCURRED	(ENTER NATURE OF INJU	IRY IN ITEM 18	PART 1 C	ORPART 2)		
MEDICAL	AALUITE MI	OT WHILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET		CITY OR TO	OWN		COUNTY	STAT	TE
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7	22d PHYSICHAN	S NAME (TYPEOR	PRINT) LA -	TIANI	,	220 ADDRESS 6	AN O	AEDICAL STA	CIAN []	for	m	Rel	
22.	o. BURIAL, CREMATI	ON REMOVAL	123b. DATE	122- 1	VAME OF C	EMETERY OR CREMATO	OPV T	23d LOCATION			Rald	200	0
	(SPECIFY) Buri		12/9/8			National		CITY OR TOWN	urel,		unty	SIA	Ą

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicio should be detached for use as the buriol-transit permit. Then please remove carbonpapers: with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumatic event, the

Burial 12/9/82 Maryland National Mem. Pk. Laure

24. FUNERAL DIRECTOR
NAME
Leroy O. Dyett& Son F.H., 4600 Liberty Hgts. Ave. DEC 8 - 1982

St. Mary's Co., Md.

Lance

THOMANY SR.

OROHITANT

90/12 024/ Builthore Foundant Desited

Dec. 5, 1982

Holley Cladic

218 10 7543 Nortle Hollov 1117 N. Municont St.

Surfal 12/9/82 Maryland Mational Mam. Pt. Laurel, Md.

Lerow O. Tretth Son F.S., 4600 biberty Note. Ave.DEC L- SE

71 or 50 mg		CEASED NAME	FIRST		MIDDLE	ı	AST	20. DAT	OF DEATH MONTH	DAY YEAR	2b. HOUR
	(117)		ARTHU	R	L.	HOI	LINS	DEC	EMBER 29	1982	05:52A
BB	3. SE	(4.	RACE			OF BIRTH	6. AGE	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
IVI)	- 10	male		black		12	2 9 3 3 6		49 YF	RS.	HOURS MIN.
100		RTHPLACE (STATE OR I	FOREIGN 71	CITIZEN OF	WHAT COUNTRY	8.	NEVER MARRIED	9. BALTI	MORE CITY OR COU	NTY OF DEATH	
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300	10: C	TY OR TOWN OF DEA	ATH I		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a. USU	AL OCCUPATION WORK FOR MOST OF WORK I	12b. KIND (OF BUSINESS OR
3	P	AT.TTMORE	r				HOSPTTAL	(TIPE OF	WORK FOR MOST OF WORKIN	INDUSTRY	
34	USU	AL RESIDENCE (IF NURS TATE Md	13b. COUNT	THER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMITS	5? 13e 5TRE	et address 4 E. Feder	al Stree	t
10	14. FA	THER'S NAME					15. MOTHER'S MAIDEN				
11	$)_{\Delta}$	rthur	MI	DDLE	Hollin	16	Mary		MIDDLE	Mase	NST V
100		AS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b SOCIAL SEC		17. INFORMANT		ADDRESS	11400	,
1	()	ES. NO OR UNKNOWN) Yes		WAR OR DATES)	215-28-3		Rosa L. Ho	llins	2414 E. Fe	deral St	
		18 CAUSE OF DEAT			line for (a), (b), or	nd (c).)				APPROX BETWEEN	XIMATE INTERVAL
103		PART I, DEATH W	AS CAUSED		Cardro	- July	noney an	the		120	
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oth		underlying couse		1	R AS A CONSEQU	ENCE OF					
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7	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e A		YES, WERE FIND!	
5	FIC	11/20	\$2	VO.	.00.0	00001	. On Dure	VEST	7 NOTO	RTIFYING CAUSES	S OF DEATH?
-	ERT	21a. ACCIDENT WAS UND		21b. TIME C	OF INJURY	, 10 0030	21c. HOW INJURY OCC	CURRED (ENTE	R NATURE OF INJURY IN ITEM		110
9		OR CONTRIBUTING	CAUSE OF DEATH			AY YEAR					
/	MEDICAL	(IF EITHER NOTIFY MEDIT		P. 21e. PLACE	M. OF INJURY	19	211. LOCATION				
*	ME	WHILE IT NOT WE			REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
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		220 I certify that (I)			9	82.00	11 29 , 19 9	, to	12 29	19 8 4	, that (I) (we) last
		sow the deceosi above (f) we) (did (did not)	view the Bady	after death.		nd that in (my) (our) apir	nion death occ	urred on the dote and		
714		22b. SIGNATURE	000	200	10010	2	DEGREE	C MEDIC	AL STAFE	22c. DATE	ESIGNED
		VMV	While	4	ANIX		ATTENDIN PHYSICIAI		OR PHYSICIAN	12	129 82
2/	1	22d. PHYSICIAN'S N	AME TYPE OR	Ping)	1410		22e. ADDRESS				
1		MIN	ateli	tte r	N10.		Johns Ho	oprins	Hospital	Balt. V	MQ.
p=101a	23a E	URIAL, CREMATION,	REMOVAL	23b. DATE	23¢	NAME OF C	EMETERY OR CREMATO	PRY 23d. LC	OCATION CITY OR TOWN	COUNTY	(tall)
		Burial		1/4/8	3 Md	Veter	an Cemetery	Cr.		200111	Md
32	24. FU	NERAL DIRECTOR		100	ADDRESS		25a.	DATE SEC'D.	MADONA IN EN	SISTRAT'S SIGNA	MAKE
	Wi	lliam C. M	larch F	uneral		01 E.	North Ave	VIII.	1000	man de l	anuly

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

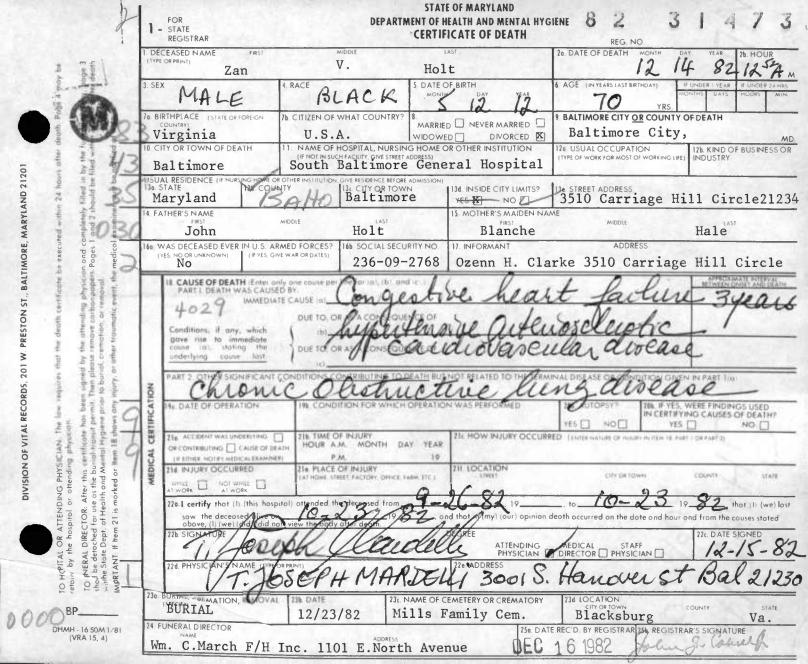
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(VRA 15, 4)

STREET, CONTRACTOR OF THE TOTAL TOTAL [,]

	4	1 -	FOR STATE REGISTRAR		DEI AR	CERTIF	EALTH AND MENTAL HY ICATE OF DEATH	REG. N	0.		Ga
9 mg			CEASED NAME FIRST OR PRINT)		MIDDLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
oy be	Hart.		RUTH		V.		LMES			12 82	
mo frer p		3. SEX		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Page 4		1	FEMALE	CAUC.	, , , , , , , , , , , , , , , , , , , ,		/23 1913		YRS.		
Jeath. Po	B		RTHPLACE (STATE OR FOREIGN OUNTRY) VIRGINAA	76. CITIZEN OF	WHAT COUNTRY	MARRIEE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		OF DEATH	ry M
s offer o	00	10. CI	BALTIMORE		HOSPITAL, NURS		enue	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMA)	OF WORKING LIFE		OF BUSINESS O
filled in nould be	25	13a. S	L RESIDENCE (IF NURSING HOAT ATE 13b. CO	AE OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFO 13t. CITY OR TO BALT	WN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 6709 GARY		BALTO	MD. 2
4 15	and the second	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAS	ST
bung and	DO		FRANK	?	HANGE	ER	LAURA	?			ABLEY
ecut	100		AS DECEASED EVER IN U.S	. ARMED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDR	ESS	21	1222
Page 6	E .	IV	NO NO	S, GIVE WAR OR DATES)	225-18-	6786	WARREN M. HO	LMES - 6709	GARY A	AVE. BA	ALTO, MI
by #F	other		gove rise to immediate cause (D), stating the underlying cause lost	DUE TO. C	R AS A CONSEQ	UENCE OF				1	
ow requires that the been signed by the mit. Then please re prior to buriol, crer	any injury, or other	CATION	cause (p), stating the underlying cause lost	DUE TO, C	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR CON	20b. IF YES,	, WERE FINDI	NGS USED
on. hos been t permit. T	iaws any injury, or other	TIFICATION	cause (D), stating the underlying cause lost PART 2 OTHER SIGNIFICA	DUE TO, C	ONTRIBUTING TO	O DEATH BUT			20b. IF YES, IN CERTIFY		NGS USED
v reen	tem 18 shaws any injury, or other	CAL CERTIFICATION	cause (D), stating the underlying cause lost PART 2 OTHER SIGNIFICA	DUE TO, C (c) NT CONDITIONS C 19b. COND 21b. TIME C HOUR A	ONTRIBUTING TO	O DEATH BUT		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIP YING CAUSES	NGS USED OF DEATH?
N: The law rec hysicion. Icote hos been ronsit permit. T Hygiene prior t	arked or Item 18 shaws any injury, or other	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DUE TO, C (c) NT CONDITIONS C 19b. COND 19b. COND 19b. TIME C HOUR A MINER) 21e. PLACE	ONTRIBUTING TO	D DEATH BUT TH OPERATION DAY YEAR 19	21c. HOW INJURY OCCUI	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES JRY IN ITEM 18. PA	, WERE FINDITY YING CAUSES (ART 1 OR PART 2) COUNTY	NGS USED OF DEATH?
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STATE OF MARYLAND

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SANITATION CITY OF BALTIMORE 4703 WILKENS AVENUE, 21228 UNKNOWN 21230 2812 MAUDLIN AVENUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

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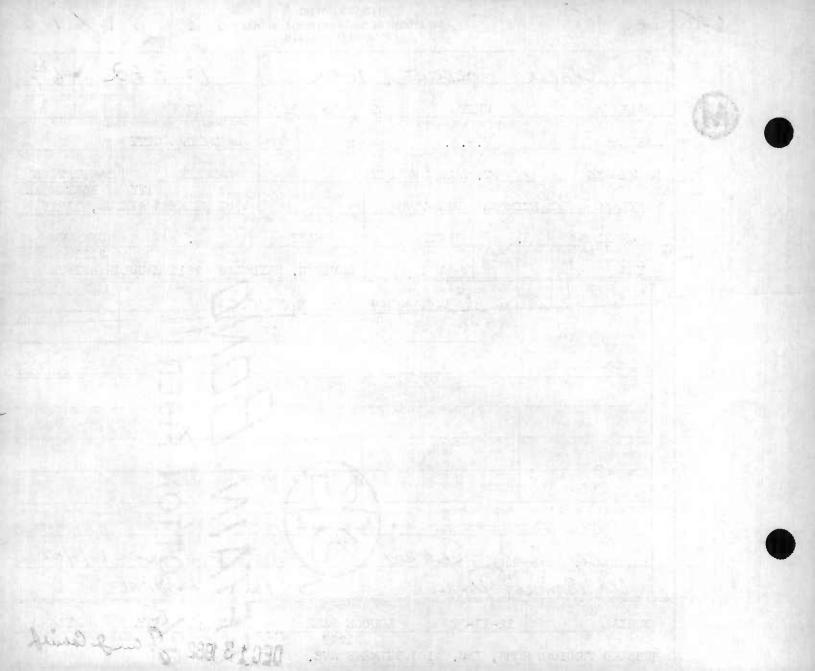
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22c. DATE SIGNED

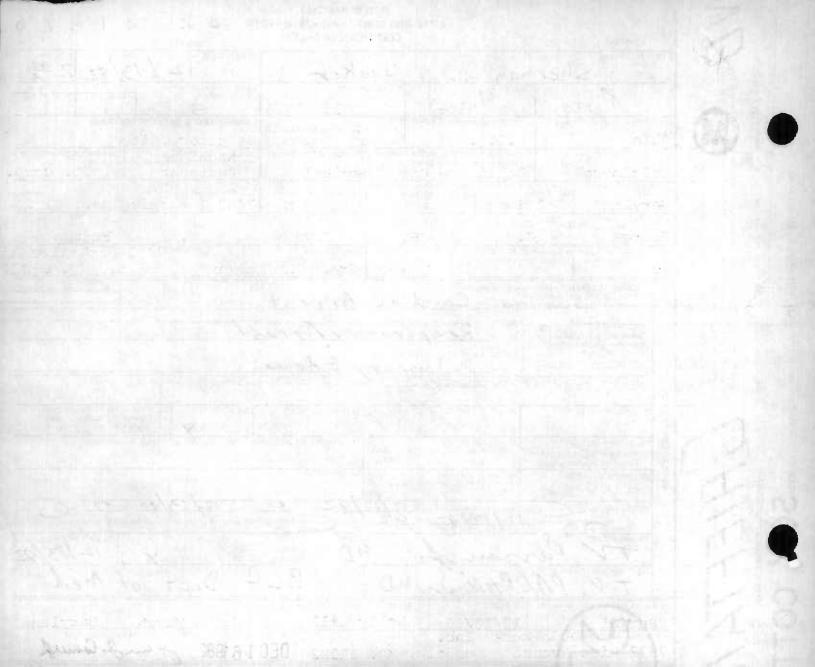
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HMH - 16 50M 1/81 (VRA 15. 4)

24 FUNERAL DIRECTOR



STATE OF MARYLAND



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MEDIC/

I DECEASED NAME BIRST	MIDDIE LAST
FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

KATHERINE

COUNTY

K Balto.

G.

IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

4. RACE

V.

7h CITIZEN OF WHAT COUNTRY

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

Ruxten

Vincent

166 SOCIAL SECURITY NO.

213-48-2119

OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

white

USA

P.M.

21e. PLACE OF INJURY

AT HOME STREET FACTORY, OFFICE FARM, ETC.)

TYPE OR PRINTS

female

Maryland

FATHER'S NAME

FIRST

IYES NO OR UNKNOWN)

no

Thomas 60 WAS DECEASED EVER

PATHPLACE (STATE OR FOREIGN

Pennsylvania

CITY OR TOWN OF DEATH

3. SEX

1905

NOXX

Deborah

HOOPER

5. DATE OF BIRTH MONTH

May 25,

WIDOWEDXX

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

UNION MEMORIAL HOSPITAL

MARRIED NEVER MARRIED

YES T

17 INFORMANT

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN

Mrs.Deborah

YG	IENE 8 2 3 1 4 / /
	REG. NO.
	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	12 14 82 11:15pm
	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	9 BALTIMORE CITY OR COUNTY OF DEATH
	BALTIMORE CITY ME
	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NOMEMAKET 126 KIND OF BUSINESS OR INDUSTRY
	13e STREET ADDRESS 12 Ruxview Court
IA۸	MIDDLE LAST
	ADDRESS
F	H.Boyd 221 Stony Run Lane
v	rest APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	the yough Node
RMI	IN AL DISEASE OR CONDITION GIVEN IN PART 110

		ne couse per line for (o), (b), and (c). Y. AUSE (o) Cardio pulmonary a	rrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	with lywish,	Node astres
NO	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110
RTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION STREET

ATTENDING

PHYSICIAN

O FUNERAL DIRECTOR: shauld be detac IMPORT/ DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Cremation

(IF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

sow the deceased alive on,

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

214 INJURY OCCURRED

226. SIGNATUR

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Greenmount Crematery

DEGREE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF

CITY OR TOWN

22¢ DATE SIGNED

COUNTY

23b. DATE Dec.16,1982

23d LOCATION CITY OR TOWN Balto.

Md.

STATE

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md.

220.1 certify that (I) (this hospital) attended the deceased from

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and a decided a large to the court of the co 5 0 9 5 0 5

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(VRA 15, 4)

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STATE OF MARYLAND

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6	FOR STATE REGISTRAR				NT OF HEAL	MARYLAND TH AND MEN CERTIFICA	NTAL HYGIEN	¥ 2 ATH REG. N	3 1	4 8	0
	1. DECEASED NA	ME FIRST		WIDDLE		LAST		20 DATE KNOWN		DAY YEAR	2b. HOUR
25 5. 5. 5. F.	(TYPE OR PRINT)	Ruth	Line	la	Но	sier		OF ESTI- DEATH MATED	12	28 82	A
A STEER	3 SEX Female	4. RACE White	5. DATE OF BIRTH				UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH 12	28 19 82	24 HOUR 1:40
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STATE OF THE PARTY	10. CITY OR TOV	V 0	(IF NOT IN SUCH FAC		ADDRESS) ~	THER INSTITUTION	Iza. USU Ice		YPE OF WORK 12	or, INDUSTR	SINESS
ANY DELA AND 3 TO REFAIN PA REFAIN PER PA REFAIN PER PER PER PE		CE (IF IN NURSING HOME COUN	OR OTHER INSTITUTION, GIV		RE ADMISSION)	13d. INSIDE CITY	LIMITS? 13e. STB	14 Glenar	1	Dairy 21206	7
MAN STATE	14. FATHER'S NA	ME Bert Foru	MIDD)E	LAST		15. MOTHER'	S MAIDEN NAME	WIDDIE		LAST	
AFTER VE PA	160. WAS DECEA	SED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL 219-1	SECURITY NO. 16-8233	(har		osier- 441		vrm (e	1206
201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONG W RAL - TRANSIT PERMIT. D MENTAL HYGIENE, D ON, OR REMOVAL.	Cand gave cause	EOF DEATH (Enter on DEATH WAS CAUSEI IMMEDIA' tians, if any, which rise to immediate (a) stating the <u>under-</u> cause last.	TE CAUSE (a) H DUE TO, OR		DUENCE OF	cardiova	ascular (disease		APPROXIMATE	AND DEATH
RECORDS, 201 SO BE EXECUTE FOUDING" IN IN MEDICAL EXA AS A BURIAL SALTH AND M CREMATION		R SIGNIFICANT CONDITIONS									
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INFICATE TO THE WOOD TO THE WOULD BARTMEN		NAL CAUSE WAS NG OR JTING CAUSE OF	DEATH P.M	MONTH DA	Y YEAR		OCCURRED LENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART	2)	
	WHILE AT WORN	NOT WHILE DAT WORK	21e PLACE C STREET, FACT	OF INJURY () ORY, FARM, ETC.)	T HOME, 21f.	STREET		CITY OR TOWN	COUN	ΙΥ	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WARFACE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PARAFIER DEATH, WITH THE STA		110	ge of the remains desirations of the remains desirations of the remains desiration of the remain	Accident C	held an Au], Suicide	, Hamicid	ECIFY)	Inquiry , termined manner DICAL EXAMINER	and in my apin], DATE SIGNED	12/28	/82
MEDIC (GE 4 SI) (GE 4 SI) TRUBER	EXAMINE (TYPE OR	PRIN1)	lormez R.			ADDRESS		n Street,B	Balto.M	D 21201	
1/2/BP	Buri	mation, removal	12-31-82	-	ne of cemeter	Faith (Balton M	COUNT		TATE
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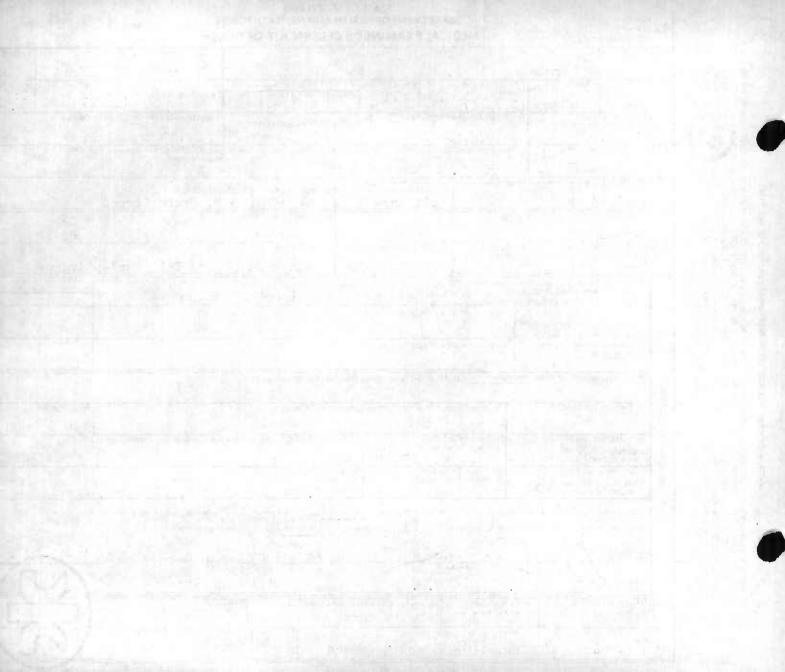
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STATE OF MARYLAND

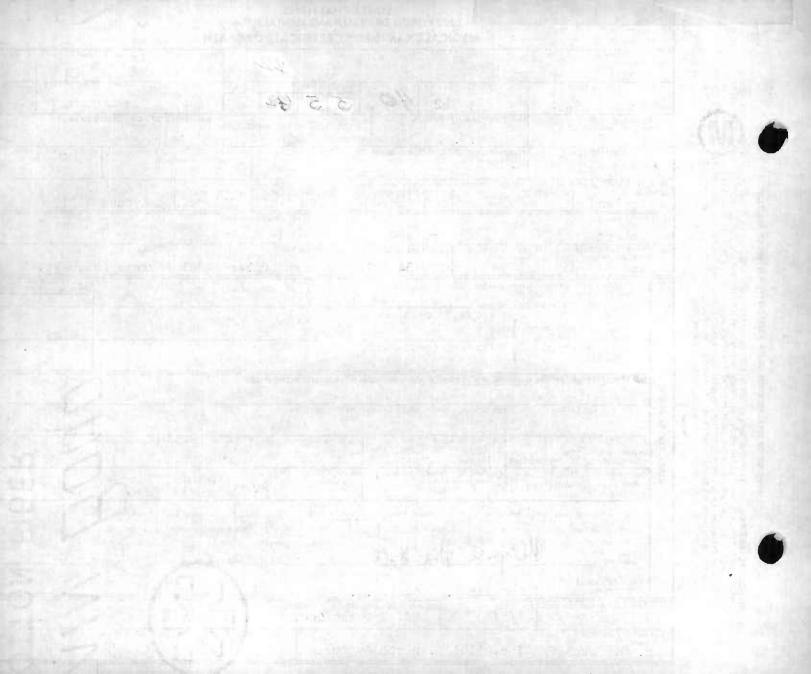
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

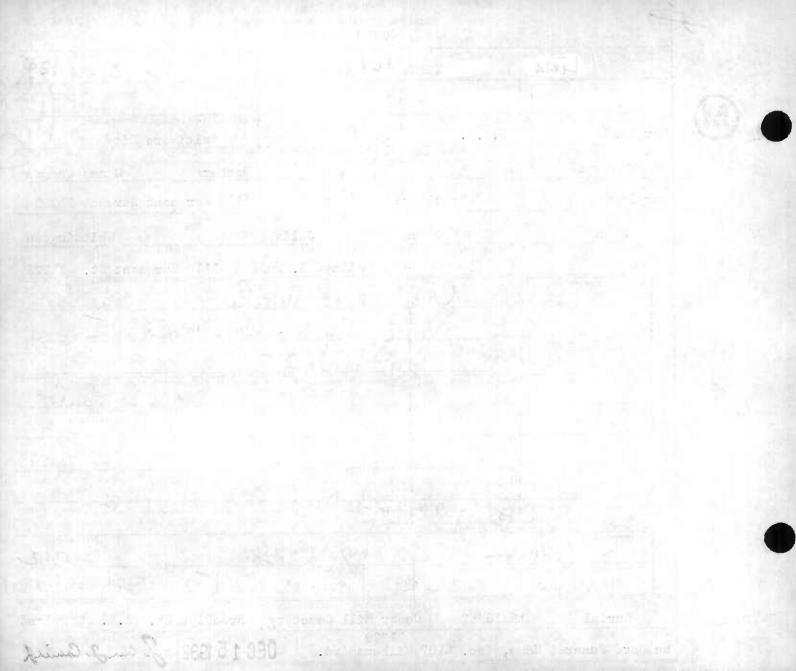
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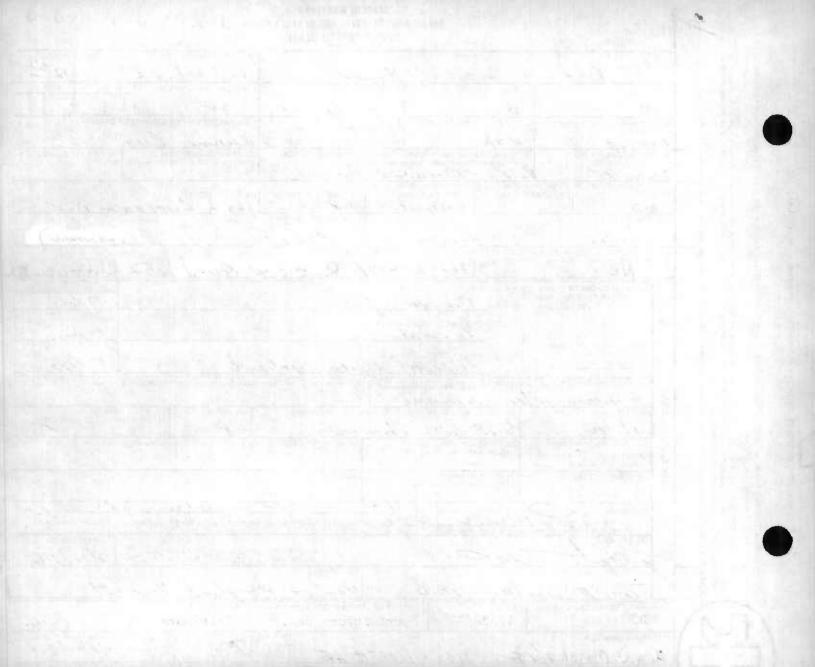
2 Copies one Conster Tickets STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN YEAR 2h HOUR (TYPE OR PRINT) ESTI-DIRECTOR OUR FILES ON STREET, DEATH MATED 19 82 Harold JR Howard A AGE LIN YEARS IF UNDER 1 YR. 3. SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 14 HOUR 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 19 82 DEAD 52 30 YRS male Black 17 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH M BIRTHPLACE (STATE OR MARRIED NEVER MARRIED OREIGN COUNTRYS Baltimore City. Wash, D.C. U.S.A. WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) RETAIN PA 306 S. Vincent Street Baltimore USUAL RESIDENCE | IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS Baltimore 5 N. Bruce Street Maryland YES SE NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST Paul Harold Α. Howard Martha Α. IAL SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 218-58-6694 Martha A. Howard 1622 Darley Avenue Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH AENTAL HYGIENE MENTAL HYGIENE ON, OR REMOVAL. PART I DEATH WAS CAUSED BY Stab wound of chest involving heart IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF E USED AS A BURIAL-FOF HEALTH AND MEI URIAL, CREMATION, C lying cause last MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 20 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? OULD BE USED LATER TO BURIAL, YES X WRITE WARDED TO 11. 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 12 1982 subject was stabbed The PLACE OF INJURY JAT HOME 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) Vincent Street.Baltimore. Maryland AT WORK 306 S. Home EXECUTE THE CLESSES PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE ST. RALTIMORE, MARYLAND, 2 Autapsy X 22a. I certify that I took charge of the remains described above, held an and in my apinian Inspection Inquiry Hamicide XX Accident Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) 12-27-82 Assistant MEDICAL EXAMINER SIGNATURE III Penn Street Ann M. Dixon. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE BURTAL 1/4/83 Md. Crownsville Md. Veteran Cem. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE . 24. FUNERAL DIRECTOR DHMH - 17 Wm. C. march F/H Inc. 1101 E. north Avenue (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN XX MONTH TYPE OR PRINT OF ESTI-George ARNETTE 4 RACE DATE OF BIRTH FUNDER 24 HRS DATE PRONOUNCED 12 5 DEAD 12-26-829 male Black. TARRETHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland WIDOWED DIVORCED Baltimore City IO. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING (IFF) Baltimore 511 McCabe Avenue - rear yard USU AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 511 McCabe Avenue 21212 Maryland YESKX NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST Robert Dolly. Hubbard 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES NO OR UNKNOWN) 220-34-6916 Daisy Hubbard 4301 Portage Ave. Apt. 8 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stabwound of chest DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION DEPARTMENT OF HE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY UNDERLYING TOOR subject found stabbed 0 CONTRIBUTING TICAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE rear yard 511 McCabe Avenue Baltimore. Maryland TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2 22s. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion Hamicide XX death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12-26-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Md. Crownsville BURTAL 1/5/83 Md. Veteran Cem 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H Inc. 1101 E. nOrth Avenue (VR A15 ME (5)) 20M 4/B2







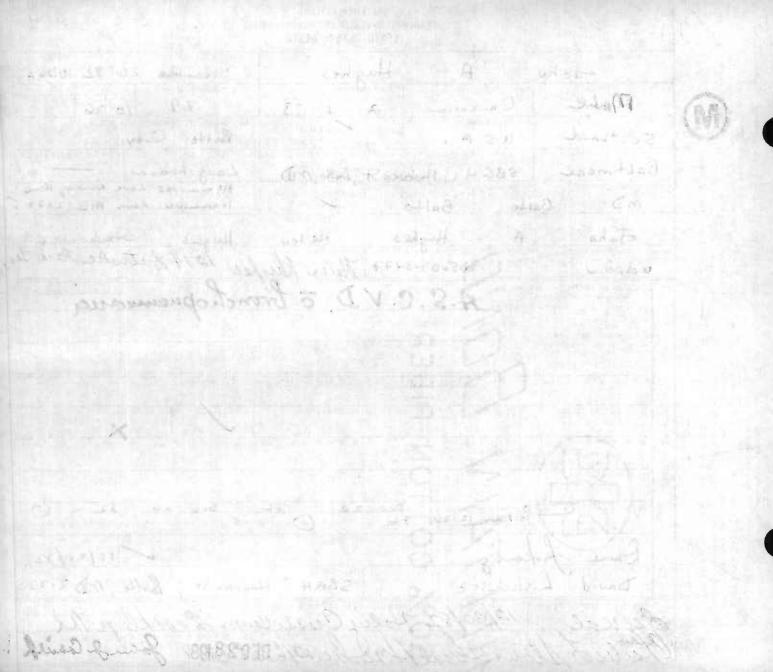
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND



STATE OF MARYLAND

5 DATE OF BIR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH IETINDER LYEAR DAYS 60 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City. 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e. STREET ADDRESS 523 W. Hoffman St. 21201 MIDDLE Anderson ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

22 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED K Washington, DC U.S.A. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Greater Penn. Ave. Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore YES K NOF FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST Warren Ingram Lucy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES Romaine Kennedy 561 Dolphin St. N/A No 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse to stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] NOF YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN AN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Md.

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BURTAT 24 FUNERAL DIRECTOR

FOR

- STATE

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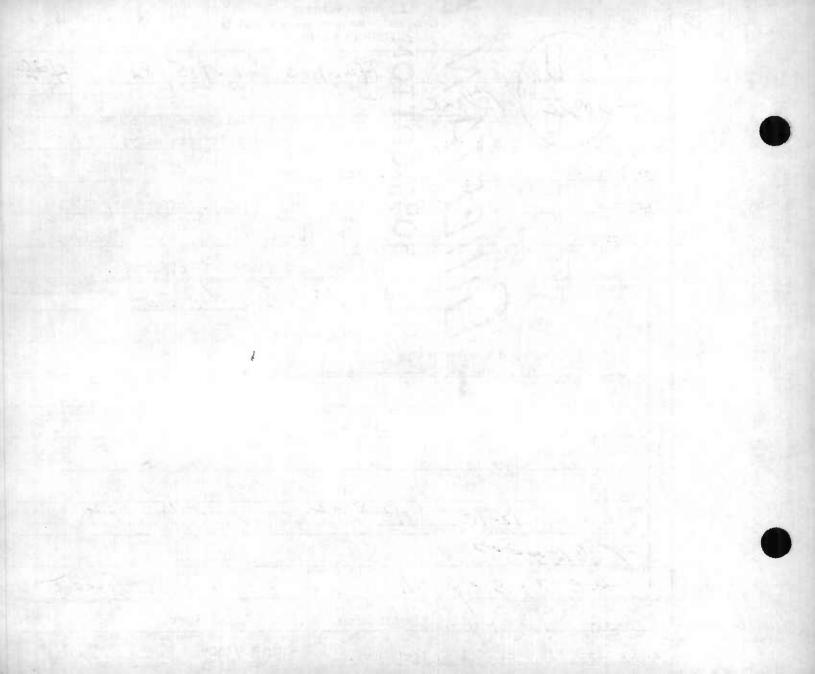
12/20/82

Mount Zion Cem.

Baltimore

Wm. C. March F/H Inc. 1101 E. North Ave.

250 DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE



FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 2a DATE OF DEATH MONTH YEAR 2b HOUR M HURDEL SR 12 82 IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Esso 1412 Forest Park Avenue Saunders 21207 Margaret C. Hurdel 1412 Forest Park Ave. 20b. IF YES, WERE FINDINGS USED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

IN CERTIFYING CAUSES OF DEATH?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22c. DATE SIGNED

CATON AUE. BALTIMORE MID.

(SPECIFY) 12/28/82 Woodlawn Cemetery Buria1

Woodlawn

Baltimore Md.

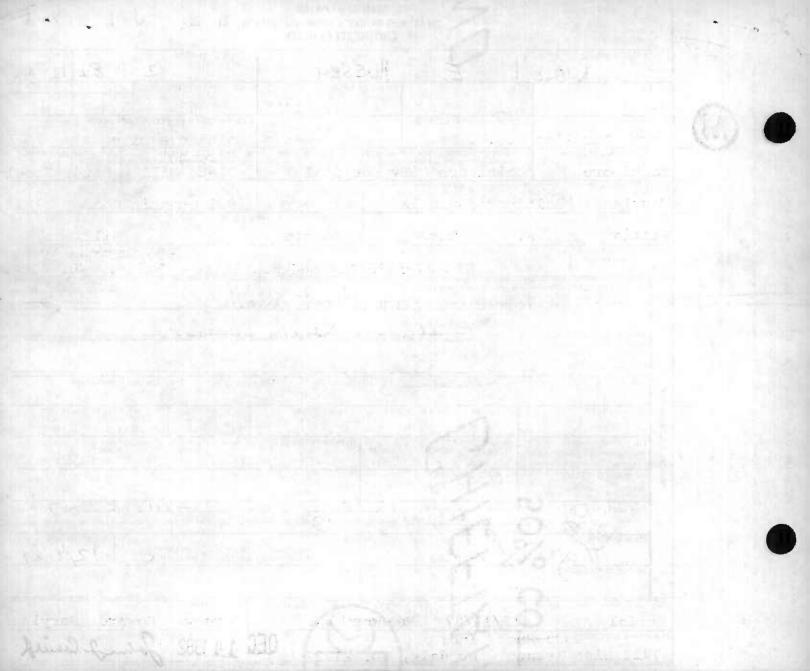
COUNTY

STATE

24 FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 250. DATE REC'D. BY REGISTRAR 25b.

DHMH - 16 50M 1/81 (VRA 15. 4)

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FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

March 25, 1970 code as to a long to exercise a supply to the contract of the Altiors Section 2015 20 00 00 00 00 00 00 00 Aune wal a role and a rest The same was a little to the same and the sa in the second se

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH STYPE OR PRINTI ESTI-DEATH MATED HYSI OP **IFFFRFY** & AGE (IN YEARS 2d HOUR 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED 12:36 08 26 56 Male Black. DEAD b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A. Balto., Md. WIDOWED DIVORCED Baltimore City 17h KIND OF BUSINESS ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (auto) 3305 Burleith Ave Kitchen Helper KirkwoodMa. Baltimore TAIN P 13d. INSIDE CITY LIMITS? 1917 Eutaw Place 13a. STATE 13b. COUNTY 21217 BastAmore Md. IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST Milborn Hyslop Davis Raymond 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 220 64 8036 Marilyn G. Hyslop 1917 Eutaw Place no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple gunshot wounds of head (unspecified weapon) IMMEDIATE CAUSE (a)_ OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditians, it ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 19a DATE OF OPERATION 20. AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL, YES [X] VARDED TO THE SAGE 3 SHOULD BE U 216. TIME OF INJURY 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 12-21-19 82 Subject was shot CONTRIBUTING CAUSE OF DEATH ? P.M. He PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED AT WORK AT WORLE COUNTY STATE STREET, FACTORY, FARM, ETC.1 3305 Burleith Ave. .Balto Md auto PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST.
BATTIMORE, MARYLAND, 2 22a I certify that I taok charge of the remains described above, held an Autopsy Inquiry Homicide X Undetermined manner Accident death resulted fram: Natural couses TITLE (SPECIFY) DATE SIGNED 12-22-82 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236 DATE STATE Burial Baltimore, Md. 12/27/82 Cedar Hill 250 DATE REC'D BY REGISTRAR MOREGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Jas. A. Morton & Sons 1701 Laurens St. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

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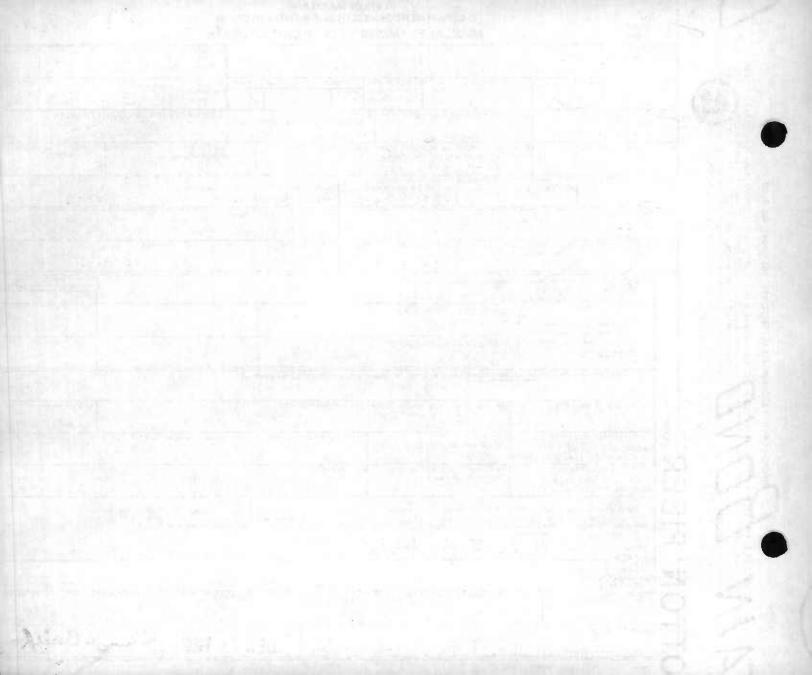
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-		OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO	IRSING HOME		12ª USUAL OCCUPATION	ON 12b. KIN	D OF BUSINESS OR
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	Ü	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	(2)
	CAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ALL L	19				
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FICE FARM FTC \	21f LOCATION STREET	CITY OR TOW	'N COUNTY	STATE
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21 :		saw the deceased alive or obave, (1) (we) (did i (did n	n /2//3 at) view the body after death.	19 8 0,0	nd that in (my) (pur opinian	death occurred an the do	ote and hour and from	the causes stated
Hem		27h SIGNATURE	000		DEGREE		22c. D	ATE SIGNED
		02	am & m	1	ATTENDING PHYSICIAN [MEDICAL STAF	IAN	Dec 1582
4		114 PHYSICIANS NAME (TYPE			22e. ADDRESS	C-1 11		0
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	23a. E	URIAL, CREMATION, REMOVA	L 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	1	urial, cremation, remova- Burial	12/16/82	Loudo	n Park	Balto.,		MD
5	24 Ft	INERAL DIRECTOR Henry	W. Jenkins	& Sons		E REC'D. BY REGISTRAR	25 F GISTRAR'S 10G	Cottill
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

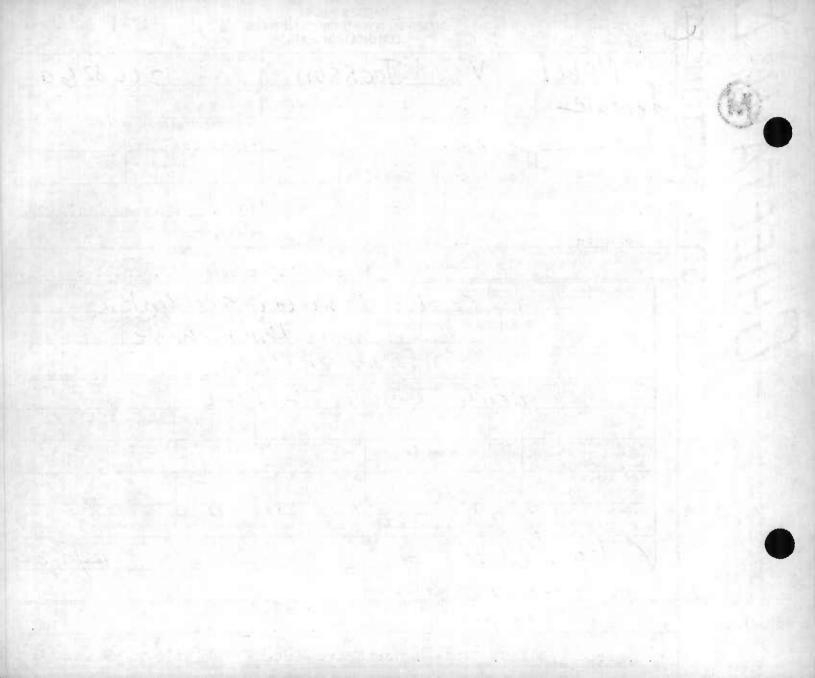
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-Jackson Elmore 19 82 DEATH MATED X 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 5. DATE OF BIRTH 20 DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED To82 6:P, DEAD Black 9 08 7 4YRS 1. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City DIVORCED WIDOWED 1 Virginia IISA 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) 2625 Hafer Street Baltimore WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 13c CITY OR TOWN NO [2625 Hafer St. 21213 Baltimore Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST William Jackson Gamble Mary 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-09-4211 Odarries Wilburn 2625 Hafer St 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CHIEF GE 3 SHOULD BE USE TE DEPARTMENT OF H 201 PRIOR TO BURIAL YES [NOXX 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 10 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION fAT HOME. TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE OF BAURMORE, MARYLAND, 21201 P AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection XX 22a. I certify that I taak charge of the remains described above, held on and in my opinion Autopsy Inquiry death resulted from: Suicide Homicide . Undetermined manner Notural couses TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME Margarita (TYPE OR PRINT) ADDRESS. 23g BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY 23d LOCATION 12/9/82 Baltimore Md. Moun t Zion Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 DEDISTRAR'S SIGNATU **DHMH - 17** (VR A15 ME (5)) Inc. 1101 E. North Avenue 20M 4/82



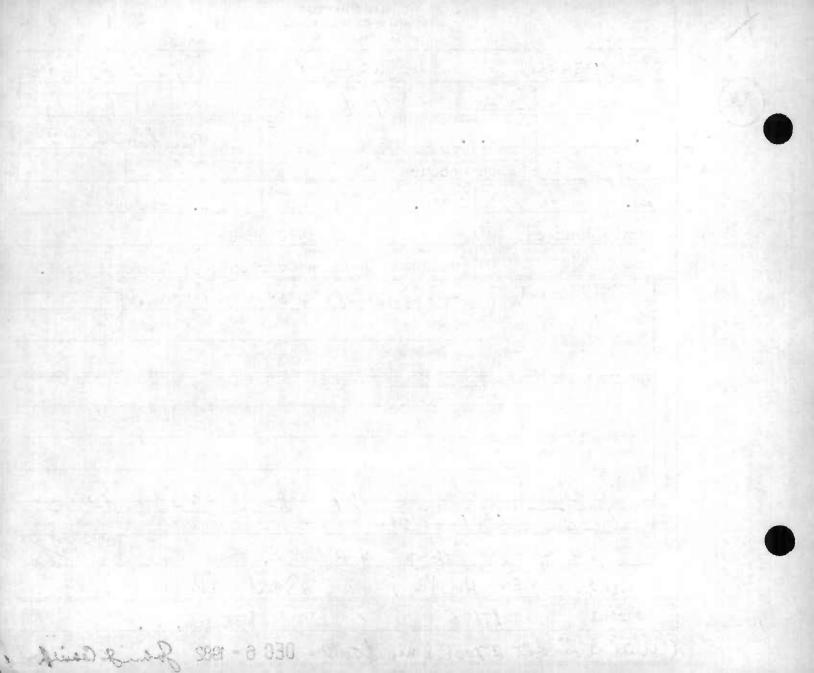
Wm.C.March F/H Inc. 1101 E. North Ave

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



7	1.	FOR STATE REGISTRAR			DEP		HEALTH AND	MENTAL HYG	SIENE 8	REG. NO.	3	1 5	0 1
		CEASED NAME	FIRST		MIDDLE	SV III	LAST		20. DATE OF	DEATH MO	NTH DAY	YEAR	2b. HOUR
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mo, po	3. SE	X		4. RACE		5. DATE	OF BIRTH	YEAR	6. AGE (INY	EARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS
1 453		Female		Bla	ck	12	28	1896		86	YRS.		N. III.
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The second		aryland		US	A	WIDOW		ONORCED [Balt	imore	Cit	у,	MD
1 11 302	10. C	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NU	JRSING HOME	OR OTHER IN	STITUTION		OCCUPATION K FOR MOST OF W		126. KIND C	F BUSINESS OR
10 10 10	Ba	ltimore			_	ton Av	enue		(TITE OF WOR	K TOK MOST OF T	OKKHAO EH E J	IIADOSIKI	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be secretarily physician. After this certification been signed by the attending physician and comparing that the strictorial permit. Then please remove corbon paper. Page fond 2 should be fit than Americal Hygiene prior to buriol, cremation, or removal. orked or flem 18 shows any injury, or other traumotic event, the medical control or and the comparing than the control or and the control o	USU	AL RESIDENCE (IF NUR	13b. COUN	OTHER INSTITUTION		BEFORE ADMISSION		CITY LIMITS?	13e. STREET	ADDRESS	16		
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1 12		THER'S NAME		WIODIE	LAS		15. MOTHER	S MAIDEN NA		WIODE			
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RE, I	160 V	VAS DECEASED EVE			166 SOCIAL	SECURITY NO.	17. INFORM		1/1/1/	ADDRESS			
MO Pog	(ves, no or unknown)	(IF YES, GIV	E WAR OR OATES)	218-	10-566	Anna	a McDu	ffie '	715 Wi	1hro	n Ave	nue
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OR: OR: OR: Tris	17.0			ot) view the body		19 57	end that in (m	y) (our) opinion	death accurre	d on the date	and hour a	nd from the	couses stated
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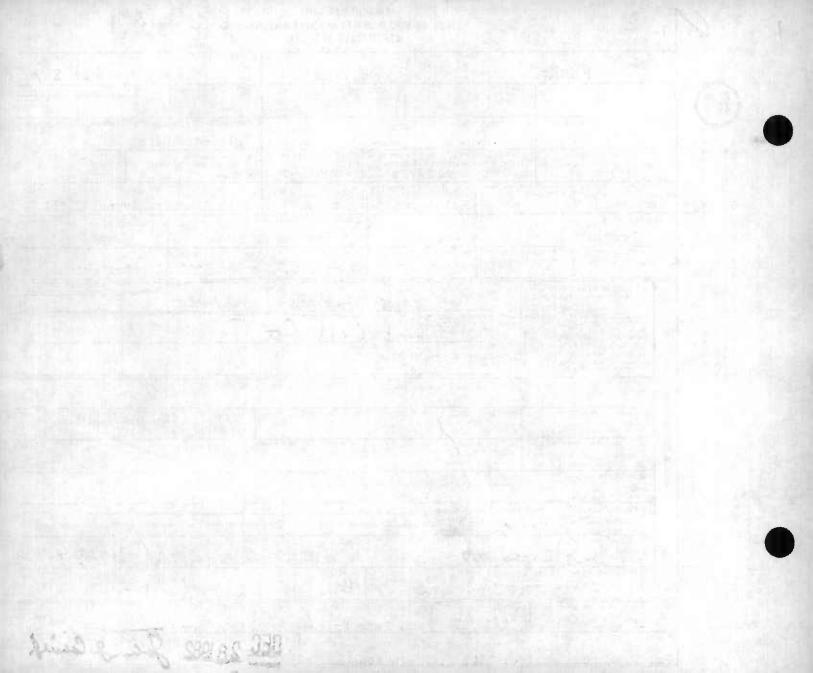


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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in the training format. Then please remove corbon pages. Land 2 should be filted within a should be detached for use as the buriol-transit permit. Then please remove corbon pages. Land 2 should be filted within a should be should be filted within a should be should be filted within a should be should	1. DE	CEASED NAME FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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	3. SE		4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		m	12		MONTH		YEAR		INDAI)	MONTHS DAYS	HOURS MIN.
(SAI)	-				11	3	39	42	YRS.		
-		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MA	RRIED T	9. BALTIMORE CITY O	R COUNT	TY OF DEATH	119111
1 3	Mo	onkton, Md.	U.S.	Α.	WIDOWE	-	DRCED [7]	Baltimore	City	7.	AA
11 1	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			12a USUAL OCCUPATI		12b. KIND OI	F BUSINESS OF
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2 st	14. FA	ATHER'S NAME	MIDDLE			15. MOTHER'S A	MAIDEN NAM				
<5///		Marvin	WIDDLE	Jackson	1	Ber	tha	WIDDLE		Whye	
0	16a V	VAS DECEASED EVER IN U.S	ARMED FORCES?	16b SOCIAL SECU		17 INFORMAN		ADDRE	. 55	Wilye	
			S, GIVE WAR OR DATES								
3		ies		214-36-8	3/80	Bertha	B. Ja	ackson 5213	Alha	imbra Ave	nue
10 ±		18 CAUSE OF DEATH (Ente	er only one cause per	line for (a , (b), one	d (c)					APPROXIA BETWEEN C	MATE INTERVAL
wen	10	PART I. DEATH WAS CA	USED BY: DIATE CAUSE (a)	CARI	26001	Ilmon.	ARY	ARREST	-		
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ose I, c.		underlying cause last	((c)							13.5	
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2 6	Z			<u> </u>	LAIN DO	NOT KELATED IN	O THE TERM	Jackson 5213 Alhambr ARCEST RMINAL DISEASE OR CONDITION GIVEN IN 200 AUTOPSY? 200 IF YES, WE	IVEN IN PART HO		
٥ ٢-	CERTIFICATION	190 DATE OF OPERATION	TIPL CONIDI	TION FOR WHICH	OBERATIO	LIMITE DEDECT	150	Las		56 11/505 40 10	1.00
00	Ö	170 DATE OF OPERATION	198 CONDI	TION FOR WHICH	SPERATIO	N WAS PERFORA	WED	700 AUTOPSY	IN CERT	IFYING CAUSES (GS USED OF DEATH?
L of								YES NO			NO 🗌
8 8		21a ACCIDENT WAS UNDERLYING			V VEAR	21c. HOW INJU	IRY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
of EO	AL	OR CONTRIBUTING CAUSE O	DEATH		Y YEAR	E 13/19/1					
Me	MEDICAL	21d INJURY OCCURRED	21e PLACE (19	211 LOCATION					
P	WE			EET, FACTORY, OFFICE, FA	RM, ETC }	STREET		CITY OR TOV	NN	COUNTY	STATE
ork.		AT WORK AT WORK						1			
s m		220 I certify that (I) (this h			23 13	124	19 82	-, to 12 2	+	, 19 X Z, H	hat (I) (we) los
21		sow the deceosed alive above, [1] (we) (did (did	on 2	24 19	TL. or	d that in (my) (or	ur) opinion d	leath occurred on the da	te ond ho	our and from the c	ouses stated
E .		22b. SIGNATURE	not view the body	atter death,	-	DEGREE				22c. DATE S	ICNED
T T		1) to at	£	0.			ENDING	MEDICAL STAF	F /	In The	4 77
5		1000 91	an was r	10		PH	YSICIAN [DIRECTOR PHYSIC	IAN	112-	5 1-0 -
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Ö		KETER	STAMP	3 ma		PNIV	65	Manriana	1	358.	
3 3	230 5	BURIAL, CREMATION, REMO	IAI TOTAL DATE	22. 1	A445 O5 6		01	11/4/2011/4	11	-	
	230 0	SPECIFY)				EMETERY OR CRE		23d. LOCATION CITY OR TOWN		COUNTY	STATE
		BURIAL	12/28	/82 St	. Luk	ce Unite	d Meth	. Baltimore	-	M	D.
M 1/81	24 FL	INERAL DIRECTOR					25a. Dr. E	A C'D BY REGISTRAR	25b my 15	TRAPS SIGNAT	XE .
()	I.Tow	1 17-41-16	U Tnc 11.	ADDRESS			N.	y 281982	10	angle	amely
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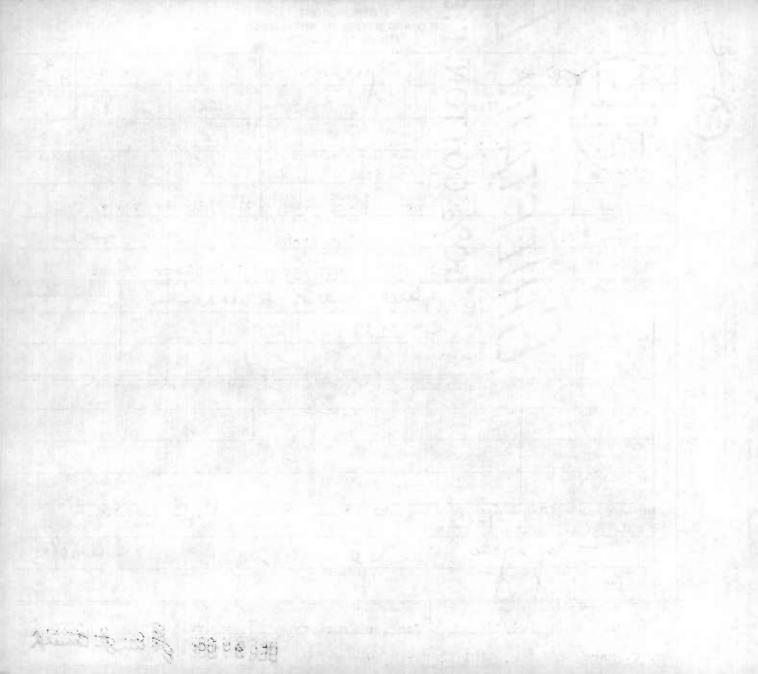
STATE OF MARYLAND

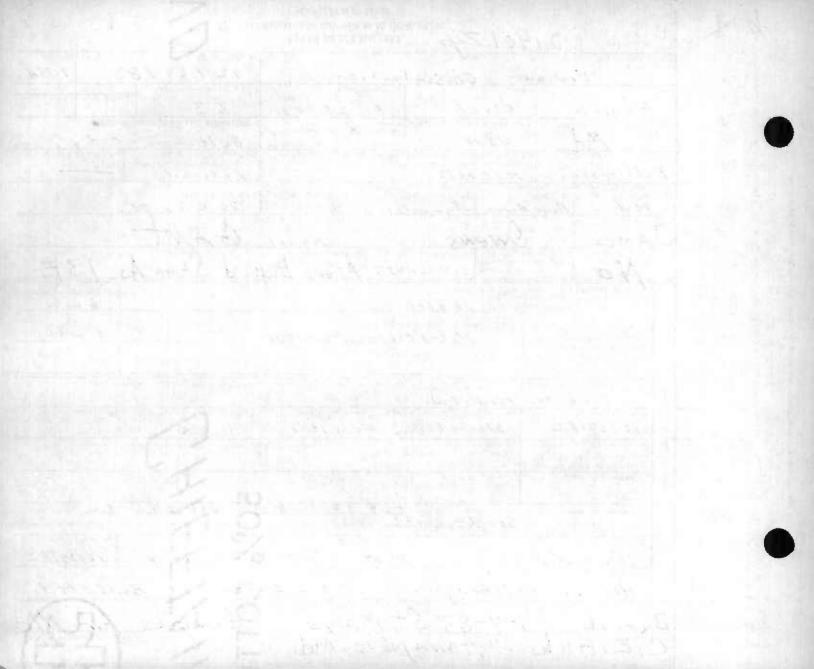
CERTIFICATE OF DEATH

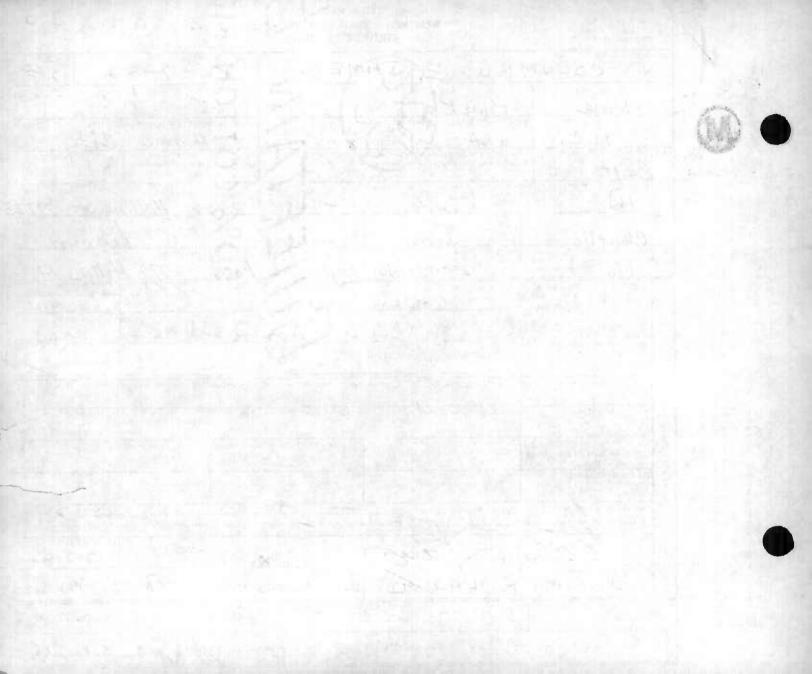
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2



1/	FOR 1 - STATE	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 2	3 5 0
	REGISTRAR DECEASED NAME FIR	ST MIDDLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MO	DAY YEAR 26. HO
	SEX Female	4. RACE Black	S DATS OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	MONTHS BATS HOUR
	BIRTHPLACE ISTATE OR FOREK COUNTRY) Virginia	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	Baltimore CITY OR C	
2 - AL	Baltimore	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR Bon Secours	SING HOME OR OTHER INSTITUTION	12th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	12b. KIND OF BUSI
13.50	Maryland 13b	OME OR OTHER INSTITUTION GIVE RESIDENCE BEF COUNTY 136. CITY OR TO Baltimo	ore YES K NO	13e STREET ADDRESS 716 Whitmor	e Avenue 2121
200	Burrell	Bel1	15. MOTHER'S MAIDEN N. Bessie	WIDDIE	Crafton
Poge medic	(YES NO OR UNKNOWN) (IF	.S. ARMED FORCES? 16b SOCIAL SE YES, GIVE WAR OR DATES) 216-18		ADDRESS on 716 Whitmo	re Avenue
in signed by the attent. Then please remove acret burial, cremotion, injury, ar other troumo	Conditions, if ony, who gove rise to immedia cause (a), stating (anderlying cause la PART 2. OTHER SIGNIFIC	DUE TO, OR AS A CON SEG	QUENCE OF O DEATH BUT NOT RELATED TO THE TERM	minal disease or condit	ION GIVEN IN PART 1(0)
cate has been signorally beamif. The Hygiene prior to b 8 shows any injur	19a DATE OF OPERATION	1% CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WERE FINDINGS US N CERTIFYING CAUSES OF DE. YES NO
this certificate he burial-transit and Mental Hygin dar Item 18 sho		OF DEATH AMINER) P.M. 21e PLACE OF INJURY	19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN	TEM IB PART (OR PART 2)
DIRECTOR: After ched far use as t Dept. of Health a Hern 21 is marke	220. I certify that (I) (this saw the deceased of	ospital) attended the deceased from	DEGREE ATTENDING	12/28	and hour and from the couses:
TO FUNERAL should be deto with the State (WPORTANT; if	22d. PHYSICIAN'S NAME 10. BURIAL, CREMATION, REMI	VAL 23K DAT 23	22e ADDRESS R NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
16 50M 1/B1	BURIAL FUNERAL DIRECTOR NAME Vm. C. March F	/H Inc. 1101 E No.	Jackson Cemetery	Meherrin ATE RECID. BY REGISTRAR 25W EC 291982	REGISTRAR'S TON GUELLE



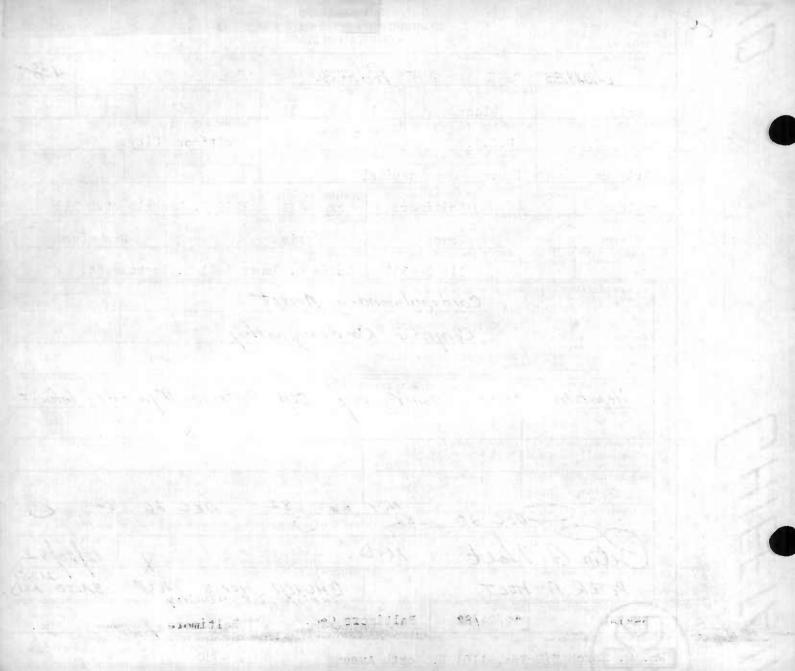




(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Transfer of the Land

rd 1	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE 8 2	3 5 0
	DECEASED NAME FIRST	RUFUS		XXXXXXXX	26. DATE OF DEATH MONTH	1982 YEAR 26. HOUR
director, po	male	4 RACE Black	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 51 YR	IF UNDER 1 YEAR IF UNDER 24
meral m 72	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Camden, S.C.	7b. CITIZEN OF WHAT CO. U.S.A.	MARRIE		Baltimore Ci	
à Barrell	CITY OR TOWN OF DEATH Baltimore	Church Hom	e Hospita	or other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS INDUSTRY
P 130	Maryland	ITY 13c. CITY	or Town timore	13d. INSIDE CITY LIMITS YES XX NO	1911 E. Lanva	ale St.21213
and	FATHER'S NAME FIRST Simon	Jam		15. MOTHER'S MAIDEN Mittia	MIDDLE	Drakeford
on and co	WAS DECEASED EVER IN U.S. AR {YES. NO OR UNKNOWN} (IF YES. GIV	E WAR OR DATES)	6-30-5418	Rufie R.	James 1911 E. Lar	nvale St.
been signed by the ottendin min. Then please remove cach prior to buriol, cremotion, ar any injury, ar ather traumatic		DUE TO, OR AS A CO	TING TO DEATH BUT	ncy Old	ERMINAL DISEASE OR CONDITION Anterior My	GIVEN IN PART I I O COROLO / Infar YES, WERE FINDINGS LISED
The Land Coon.	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY				RTIFYING CAUSES OF DEATH
ord Mentage of the Surial Mentage of the Mentage of the Mentage of the Mentage of the Medical	OR CONTRIBUTING CAUSE OF DEA	in .	19 Y	21f. LOCATION STREET	CITY OR TOWN	COUNTY STA
R ATTEN haspital RECTOR: red for us pt. of He em 21 is	22a.1 certify that (I) (his hosp sow the decreased give an obove, I (we) (did) (did no 22/ SIGN of URE	tal attended the decease	19 82 or	DEGREE	ian death occurred on the date and	, mor (in the
FUNERAL C wid be detoc wid be detoc h the Stote C	Deter G. 22d. PHYSICIAN'S NAME (TYPE PETER A.	HOLT	M.L	22e. ADDRESS CHURCH	MEDICAL STAFF DIRECTOR PHYSICIAN	P. BALTO;
8P	a. BURIAL, CREMATION, REMOVAL	23b. DATE 12/24/82		emetery or cremato ore Cem.	Baltimore	county sta
MH - 16 50M 4/82	FUNERAL DIRECTOR Wm. C. March F/H		ADDRESS E. North A	venue	DEC 221982	GISTRAR'S SIGNATURE



	It	cems #18a-22a Film G575 1/26/83 rstate of Maryland	
	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	1509
		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	
		CEASED NAME FIRST LASY 20. DATE KNOWN (7) MON	TH DAY YEAR 76 HOUR
w · · · · · · /	(TYF	PE OR PRINT)	00 00
E SS	0.053	official Country of the Country of t	
5 5 5	3 SEX	MONTH DAY YA MONTHS DAYS HOURS I MIN PRONOUNCED	H DAY YEAR 24 HOUR 4:15
S 25 8 8	0	Mense Blid 6 2982 MRS 5 7 DEAD 12	ZZ 1982 D.M
るるできる		SIRTHPLACE (STATE OR OF WHAT COUNTRY? MARRIED NEVER MARRIED S P. BALTIMORE CITY OR COUNTRY)	JNTY OF DEATH
NA STANDARD	1	3 vot no USA WIDOWED DIVORCED Baltimore C	ity, MD.
SS S S S S S S S S S S S S S S S S S S	10 C	IV OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WO)	RK 12b. KIND OF BUSINESS
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	1	Baltimore University Hospital FOR MOST OF WORKING LIFE)	OR INDUSTRY
30 4 40	11241	Baltimore University Hospital Now	more
E, MD, 21201 ATH. IF ANY DE S1, 2, AND 3 T PM 3, RETAIN ND 2 SHOULD E NOTAL RECORD		STATE /) 13b COUNTY 13c CITY OF 120MN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS (11. 120
SE ASERT		ma - Bulling YES NO 1539 might	Willes Staffel
A 1 2 3 3 2 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3	14. F/	ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE	TAST
DEATH.		Daniels Timb	Smith
., BALTIMORE, A IRS AFTER DEATH 3. GIVE PAGES I WITH FORM PM 1. PAGES I AND DIVISION OF WITH	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 1607 OCIAL SECURITY NO. 17. INFORMANT, ADDRESS	
FI FIFT OSS O	- {Y	YES, NO, OR UNIKNOWN) (IF YES, GIVE WAR OR DATES)	R 1 20
IN ST., BALTIN HOURS AFTEI EM 18. GIVE P NNG WITH FO ERMIT. PAGES ENE, DIVISION AL.	<u></u>	no no lone 1334 might here	(Justina) My
DUR D.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON ST., v 24 HOUR v item 18. Along w Along w Yolene, D		IMMEDIATE CAUSE (o) Sudden Infant Death Syndrome	
STO N 24 ANOV	1	DUE TO, OR AS A CONSEQUENCE OF	
H.H. H.H. H.		Conditions, if ony, which	
W. WIND AND AND AND AND AND AND AND AND AND A	1	gove rise to immediate (b)	
201 W. PRE UTED WITHI IN PENCIL I EXAMINER I ALL IN OR REA		lying cause last:	
は ひこ ユモラニ		((c)	
RECORDS D BE EXE ENDING MEDICAG AS A BL CREMA	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RE ALT A S A S A S A S A S A S A S A S A S A	CERTIFICATION		
NITAL RECC SHOULD BE OND "PEND CHIEF MET SE USED AS TI OF HEALT SURIAL, CRE	7 3	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
₹ SSHRPS	Ĕ		YES 🔕 NO
W SELECTION OF SEL	1 8	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 O	
S SHEPK	1 3	UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
SAR SAR	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 ZIII INJURY OCCURRED ZIII PLACE OF INJURY (ATHOME, ZIII. LOCATION	
CER CER TING	NA NA	MANUE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
MR WR WR WR WARE		AT WORK AT WORK	
D, 2		220 Certify that I taok charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my	CODIDION
ANGUEN			
STEE BE		deoth resulted from: Natural course Accident L., Suicide L., Homicide L., Undetermined manner L.	
WAY DECEM		ACTUAL TITLE (SPECIFY) Actual DA	TE 10 07 00
ZHEZHW.			TE 12-23-82
DIC DIC	1	EXAMINER'S NAME Donnia E Smith M.D. III Ponn Stroot	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRATIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTWOORE, MARYLAND, 21201 PRIORTO BURIAL,		EXAMINER'S NAME Dennis F. Smy4h, M.D. ADDRESS III Penn Street	
53.45.48.	23a.B	BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	DUHTY /7 STATE
11/2 hon 471		12, 0 12308 art o march 13 notes	mal 2
140 JBP_1/1	24 F	FUNERALDIRECTOR 250. DATE REC'D_BY PEOSTRAR MEGISTRAR	GYNTURE
DHMH - 17		7 1 2 100 320) 320) WTUGO DEC 27 1982 John	- while
(VR A15 ME (5)) 20M 4/82	1	William Jac / Wi	

	1. D		nank MIDDLE	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH Jasek	REG. NO.	DAY YEAR 26. HOU
ge 4 may be actor, page rs after dead	3. S		4. RACE Caucasian	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
(M)	$\mathbb{F}_{\mathscr{L}}$	COUNTRY) COUNTRY) COUNTRY) COUNTRY) CITY OR TOWN OF DEATH	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED GOOD		City 126. KIND OF BUSINES
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y filled in should be	\$ 13/	STATE 13b COU	NTY 13c CITY OR TOW	'N 13d. INSIDE CITY LIMITS?	3717 Hudson S	treet 21224
ompletely 1 and 2 sh	8	Michael	MIDDLE Jasek	Leonora	MIDDLE	Grunda
on ond co		WAS DECEASED EVER IN U.S. AL		5188 Anna B. La	wek 3717 Hudson	Street APPROXIMATE INTERVENIONSET AND D
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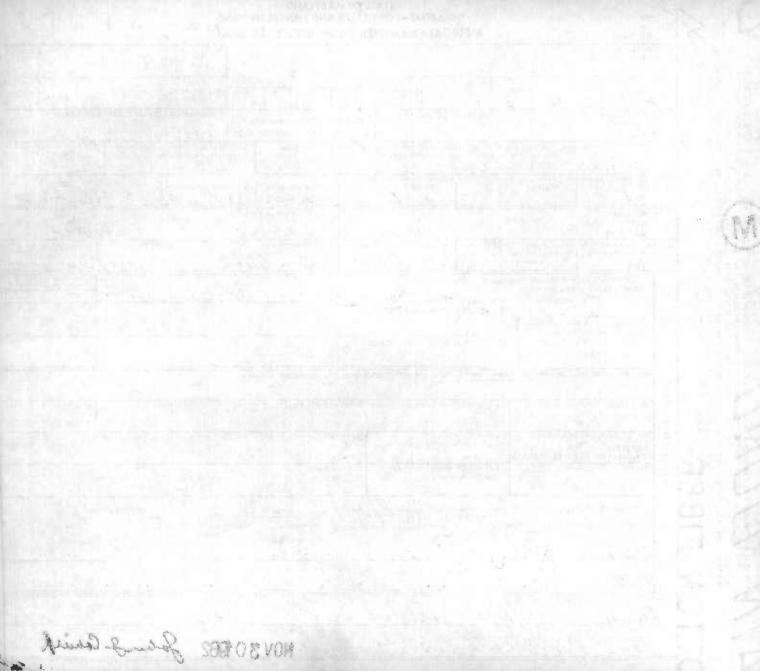
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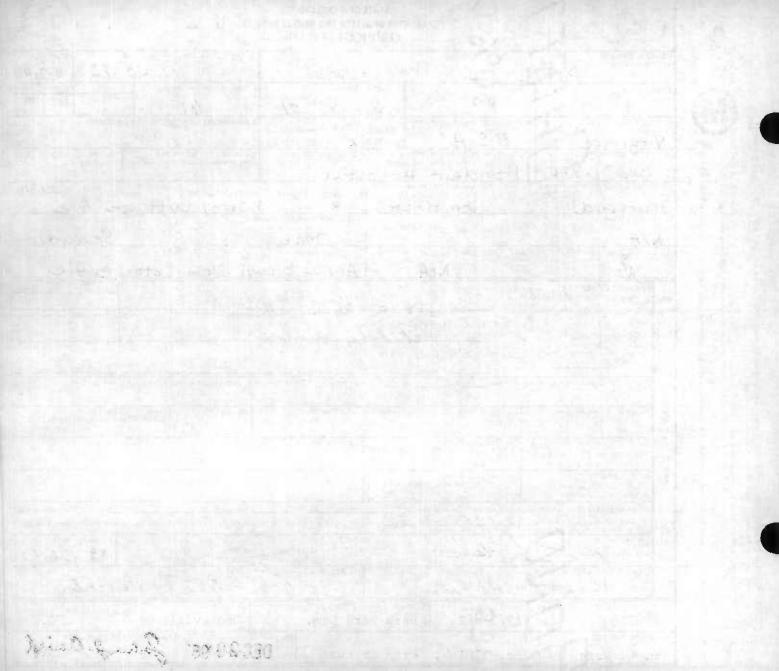
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	ertificate be executed within 24 hours after death.	g physician and completely filled in by the function propers. Pages 1 and 2 should be reconstructed over the property of the p	avent the medical examined mines
DIVISION OF VIEW KEL	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Paging the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbomopaers. Pages 1 and 2 should be that with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows one injury or other traumatic event the medical exemine forms

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO. 20. DATE KNOWN DECEASED NAME MONTH 2b. HOUR CTYPE OR PRINTS OF ESTI-**JENKINS** 19 82 GILLIE DEATH MATED 25 4. RACE S, DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE 2d HOUR YEAR 11:12 PRONOUNCED 1982 DEAD YRS M BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 8.C. DIVORCED X WIDOWED [Baltimore City B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! **OR INDUSTRY** LAbor Baltimore <u>Provident Hospital</u> UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) # Ja STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES G NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 5500 7. INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ED AS A BURIAL - TRAIN HEALTH AND MENT gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X JID BE 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21f. LOCATION TO MELM.
PAGE 4 SHOULD BE FORWARD PAGE 3 SHOULD BE FORWARD TO FUNKEN DIRECTOR: PAGE 3 AFER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201 STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described obove, held on Autopsy and in my opinion Natural causes X death resulted from: Suicide Homicide Undetermined manner Accident TITLE (SPECIFY) ACTUAL 11-26-82 Assistant MEDICAL EXAMINER SIGNATURE ADDRESS 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME M.D. Ann Μ. Dixon. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION Lem 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1254 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 20M 4/82



DEC 1 - 1380 James Coming



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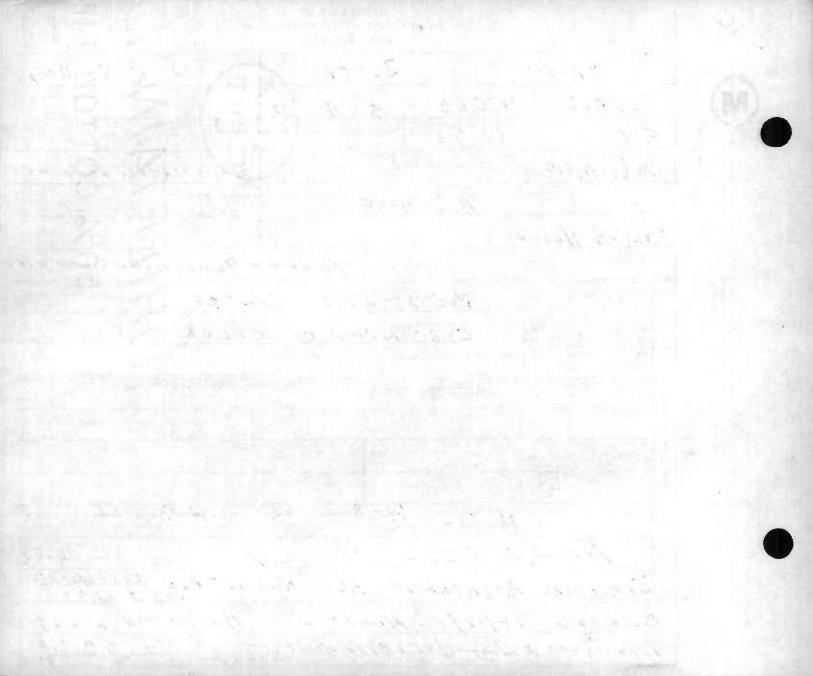
STATE OF MARYLAND

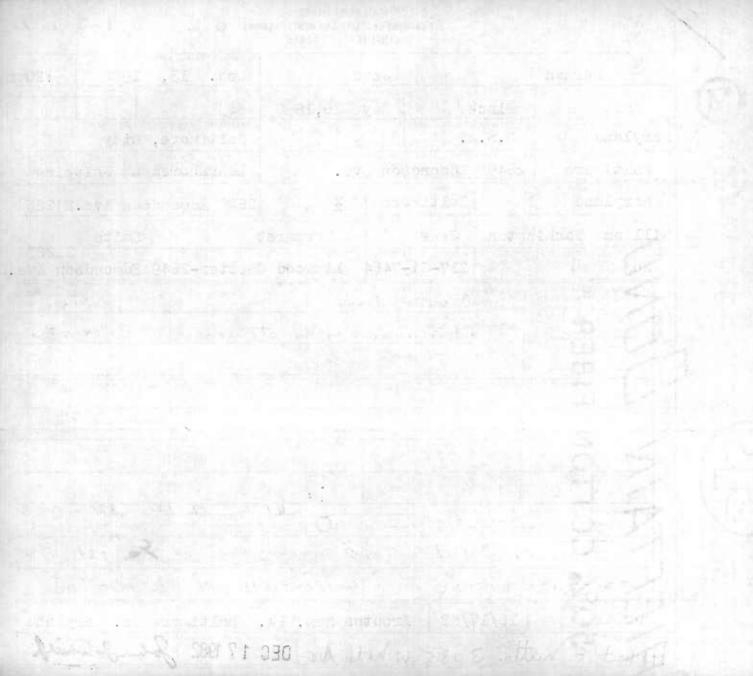
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(VRA 15, 4)

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5	,	1.	FON STATE REGISTRAR	DEP #	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		3 1 3 1 8
			DAIS	MIDDLE	JETER	20. DATE OF DEATH MONTH	3- 82 11-550 M
(M)		1. SE	PEMALE	NEGRO	5. DATE OF BIRTH	6. ACT "YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
degm.	377	Te BI	SWC.	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIE	Date Co	OF DEATH MD.
by the f	34	1	Patrimere	GIFNOT IN SUCH FACILITY GIVES	RSING HOME OF OTHER INSTITUTIO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	
n 24 hou filled in hould be	35	115.1	MD 136 CO			ITS? 13e STREET ADDRESS CON	E4 5t.
amplerely and 2 s	300	J	24 ES HOU	NAND JE	FEY HAT HAT	EN NAME MIDDLE MIDDLE	LAST
on and co	/ medical		VAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT	No grossilic	, a Carry St
That the death certitions d by the attending physicilegae remove conforpaper in a common or control of previous conforts or control	or other traumatic event, th		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	TASTATIC EQUENCE OF DMA OF EQUENCE OF		APPROXIMATE INTERVAL BETWEEN OMSEL AND DEATH
Then	/ injury.	NOIL				E TERMINAL DISEASE OR CONDITION GIV	EN IN PART I (a)
Per p	19	CERTIFICAT	14L DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)
or shall certificate nothers	9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR 19	CCURRED (ENTER NATURE OF INJURY IN ITEM 18. I	PART I OR PART 2)
Offer the	orked or	MED	216 INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	PICE FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR, A	121 is mic		saw the deceased alive	pital) attended the deceased from 2 - 3 - 1		oinian death accurred an the date and hau	19. S.L., that (I) (we) last or and from the causes stated
At DRE le	d. if her		22b. SIGNAL MISCUS	Laran	DEGREE M.D ATTEND PHYSICI	ING MEDICAL STAFF	12-14-82
formed by Country of Funes	/ PORTA			ORPRINT) 1 BASKAKA	N 3455 h	VILKINS AVE B	ALTIMORE 11229

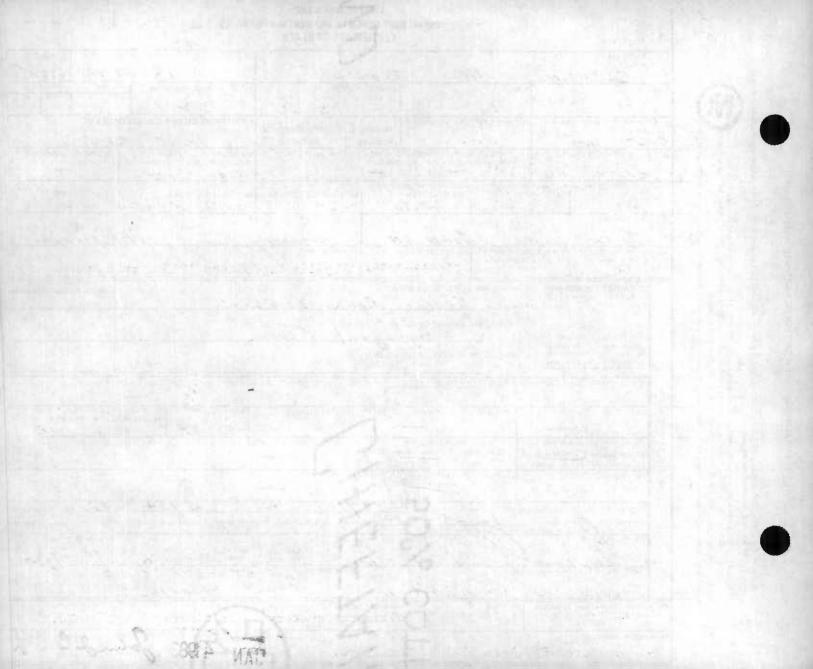




	,	FOR	DEPAR		MARYLAND TH AND MENTAL HYGI	ENE 8 2	3 5	20
1 1 1 1	1 -	STATE REGISTRAR			TE OF DEATH	REG. N		
_		CEASED NAME FIRST	MIDDLE	LAST	Negari e e		MONTH DAY YEAR	26. HOUR
100	K	Bentice	Johnson		191354	X 12/17/1	2	12:10Am
Me.	3 SEX		4 RACE	5 DATE OF B		6 AGE IN YEARS LAST BIRT		
ection in section		Female	Black	12-18	-1823	59	YRS MONTHS DAYS	HOURS MIN
Po de		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Con 7	1	MARYLAND	451	WIDOWED		BALAN	roce CIX	MD.
ING.	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.		THER INSTITUTION	120 USUAL OCCUPATI		OF BUSINESS OR
3/		BAILO	PROVIDENT /4	OSPITAL		House	/)	
ld be	MSUA IJu S	L RESIDENCE (IF NURSING HOME OF TATE 1136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BER	ORE ADMISSION)	INSIDE CITY LIMITS?	13e STREET ADDRESS	,	21215
32		Md	BALTO		s NO		ITAW ST A	pt. 1009
7	II FA	THER S NAME	MIDDLE LAST	15	MOTHER'S MAIDEN NAM	NE MIDDLE		CT.
300		Robert	M	5	40 Hie		Sup/e	3
Poges 1		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17	INFORMANT	ADDRE	SS	1 1
me /		No	217-24	1-2574/	AUVENIA	Jefferson	1 35 N.W.	heeler Au
t, the		18 CAUSE OF DEATH Enter or	ly one couse per line for (a), (b),	ond ic				XIMATE INTERVAL
event,		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (0) X Carel	iopulma	nary Arrest			
or r		4275	DUE TO, OR AS A CONSEC	DUENCE OF)			
fraum.		Conditions, if ony, which	(1b)		1 1 1 1 1			FILE OF THE
er fr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF				
or other		underlying couse lost	(c)		S. 1582 184			
bur.	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
0 >	CERTIFICATION			100				
ws ou	FICA	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION W	'AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	NGS USED S OF DEATH?
shows	RTI	21g ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121	HOW IN FIRM OSSUBBLE	YES NO	YES 🗌	NO 🗌
8		OR CONTRIBUTING CAUSE OF DEA	110110 1111 11011711	DAY YEAR	. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
or Item 18 show	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M.	19	LOCATION			
pa or	MEC		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	STREET	CITY OR TOW	OUNTY COUNTY	STATE
morked		WHILE NOT WHILE AT WORK		17 4	10 85	- /3	(n)	
1/2		220-1 certity that (I) (this hospi	tal) attended the deceased from		ot in (my) (our) opinion d	, 10	/	that (1) (we) last
lept. of I		obove, (I) (we) (did) (did no 22b. SIGNATURE	t) view the body after death.	DEG		eom occorred on the do		E SIGNED
		Mr 4	7.1km	MD.	ATTENDING	MEDICAL STAF	F	SIGNED
X Tote		22d PHYSICIAN'S NAME (TYPEO	100-00		PHYSICIAN ADDRESS	DIRECTOR PHYSIC	IAN	
PORTANT.	10	44		11	2 .	11. 1.1		
5 1 2 -		MARQUETTA	L. FANIKNER	, pa	ROVI DENT	Itesg, ML		
	23a. B	URIAL, CREMATION, REMOVAL RECIFY)		. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	_	SURIAL DIRECTOR	12-23-82	arbutu;	s Men PR		256_REGISTRAR'S SIGNA	Md
M 1//3		NAME	- 1/ 1800RESS	1 50	16.54 DE	C 2 0 1982	0	TUKE
-11	RO	DUIN- 160mm	TON F. H. 1715	WI DAI	WYDAY NE	4 4 4 1304	toles Q.C.	1

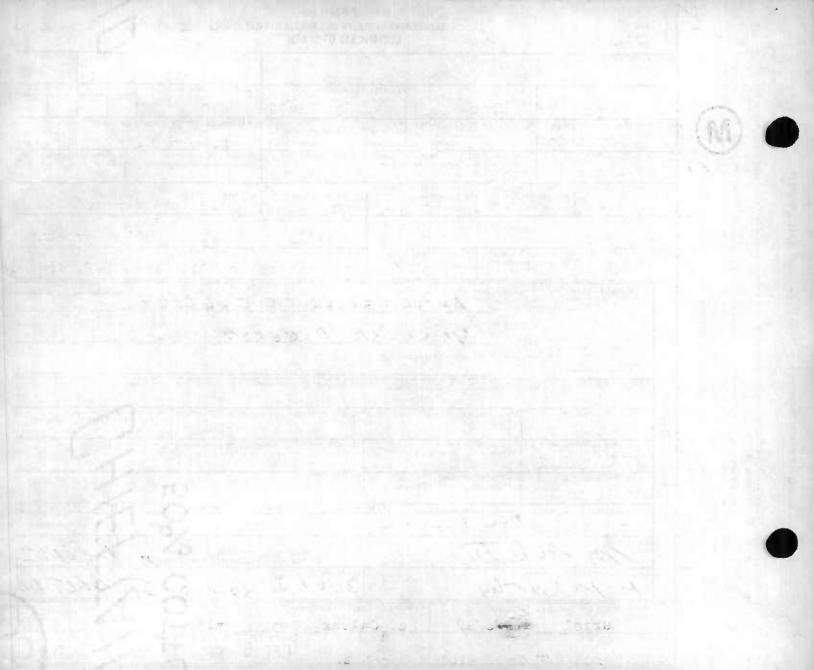
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	FOR		D	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE ·		3 3	2	
	- STATE REGISTRAR		MED	ICAL EXAMIN	ER'S C	ERTIFICATE O	F DEATH	REG, NO	0.		
1.	DECEASED NA	AME FIRST		WIDDLE	1,11,12	LAST	20. DATE	KNOWN	X MONTH DAY	YEAR 26 HOUR	5
8 E	(TITE OR PRINT)	CHRI	STOPHER	C.	JOHN	ISON	Or	MATED [9	V
3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA			24 HRS. 2t. DATE		MONTH DAY	YEAR 24 HOUR	2
	MALE	WHITE	JANUARY 11,	1965 17 YR		J DATS HOURS	DEAD		12-4-82		(
13	BIRTHPLACE		76. CITIZEN OF WH	AT COUNTRY?	MARRIE	D NEVER MARRI	ED X		OR COUNTY OF DE	ATH	
2	VIRGINI		UNITED	STATES	WIDOW	ED DIVORCI	B. B.		re City	ME)
7"	CITY OR TOW	N OF DEATH	(IF NOT IN SUCH FAC	ITAL, NURSING HOME			12a USUAL OCCU	PATION (TYP	E OF WORK 12b. KIND OR II	OF BUSINESS NDUSTRY	
4	Balti	more	Univers	sity Hospit	al S.	T.U.	STUDENT		HIGH		
13	SUAL RESIDEN	Mr. COUN	YTI	E RESIDENCE BEFORE ADMISSION	(N)	13d. INSIDE CITY LIMITS?	13e. STREET ADDR	SS	0	21146	
1	MARYLAN		ARLINDEL	SEVERNA PAR	۲	YES NO		EVOUSI	HIRE CT.	21146	
7/1	FATHER'S NA	ME	MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME	NDDLE	O LA	ST	i
4	HLBER		VILLIAM	JOHNSON		JANICE 17. INFORMANT	-		Col	LE	_
2	(YES, NO, OR UNI	SED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY			7	ADDRESS		12	
1	No			228-78-26	34	ALBERT W.	MOENHOR		SAME AS		
P	18. CAUSI PART I	OF DEATH (Enter on DEATH WAS CAUSED	D OV						APPR BETWEI	ROXIMATE INTERVAL EN ONSET AND DEATH	
1	8/3	50 IMMEDIAT	10 01000 (0)	ultiple inj		5					
7354	Condi	tions, if ony, which		AS A CONSEQUENCE C)F				100		
UI:	gave	rise to immediate (a) stating the under-	(b)	S A CONSTOURNER							
		couse lost.	DUE TO, OR A	AS A CONSEQUENCE C) F						
1	PART 2 DINE	P SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL OKEACE	OR CONOUTION CIDEN IN DA					
		k John Carl Conditions	CONTRIBUTING TO BEATH	OL MOLKETATER ID INE LEKWI	MAL DISEASE	OR CONDITION GIVEN IN PAR	(1 1 (0),				
H	19a. DATE	OF OPERATION	19h. CONDITI	ION FOR WHICH OPERA	ATION W	AS PERFORMED?			70. AU	TOPSY?	
	FIG									S NO D	
0	210 EXTER	NAL CAUSE WAS	21b. TIME OF	INJURY	21t. HC	W INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	3XX 140 []	
2	190. DATE 210 EXTER UNDERLYI CONTRIBU 210. INJUR WHILE	NG XXR JTING CAUSE OF E	DEATH 11:38P	M°12-3-82 AR	dri	ver of auto	o/fixed o	bject	impact		
	21d. INJUR	Y OCCURRED	21e PLACE O	FINJURY (AT HOME,	21f. LOC			O DE LA			
1	WHILE AT WORK	NOT WHILE X	xx stree	DRY, FARM, ETC.)	01	d County R	oad "Ann	e Arur	ndel°°Cŏ.,N	lary land	
1						y X Inspection					
1	1	ertify that I took charg		- 1771	Autops				id in my opinion		
3	death res	ulted fram: Natur	ro) couses	Accident [A], Sui	cide 🔲,	Homicide	Undetermined m	anner,			
	ACTUAL SIGNATU	E H	K21/2	aus)		D.Assistant	MEDICALEN	I D I E D	DATE 12-4	4-82	
P	SIGNATU	1	1		M,				SIGNED 12		
1	EXAMINER (TYPE OR I	R'S NAME HOI	rmez R. Gu	ard, M.D.		ADDRESS 111	Penn Str	eet			
7:		MATION, REMOVAL 2		23c. NAME OF CEN			23d LOCATION		The state of the s	22100	
	(SPECIFY)			2 ARLINGTO			ARLING	LADT	ARMAGTAN	4 VA	
2	4 FUNERAL DIE	RECTOR	0011	501 RITCH			8 B 1982	R L WG	STRAPS GENLE	26	
1	ROBER	- S. BAR	RANCO	SEVERNA F	APIZ.	MD. UEU	0 1905	0	-0		



Wm.C.March F/H Inc. 1101 E North Ave

(VRA 15, 4)

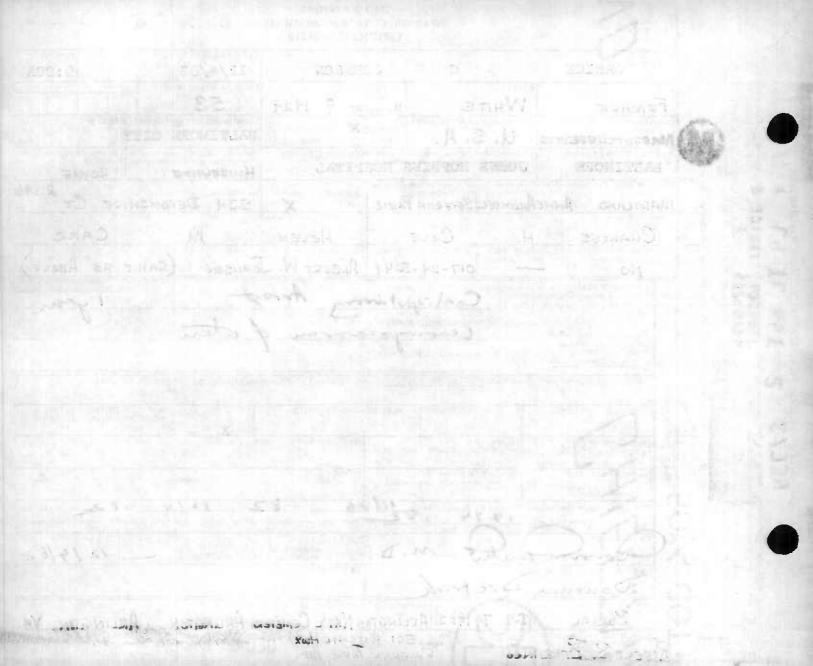


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-51	FOR STATE							NTAL HYG	0 6-		5 1	3	6	64
	REGISTRAR		MEI	DICALE	XAMIN	ER'S C	ERTIFIC	ATE OF	DEATH	REG. N	NO.			
	I. DECEASED NA	ME FIRST		MIDDLE			LAST		2a. DATE	KNOWN		DAY	YEAR	2b. HOUR
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28338		Howa	rd	W		Joh	nson	Sr.		MATED	☐ 12 MONTH	24 19		M
TA N	Male	Cauc.	5. DATE OF BIRTH	18 YEAR	LAST IRTHDA	() MONTI	HS DAYS	HOURS MI	HRS. 20 DATI PRONOU DEAI	NCED	12	24 ₁₅	YEAR 82	26 HOUR 3:15P
THE PARTY OF THE P	To BIRTHPLACE		76. CITIZEN OF WH	AT COUNT	RY?	8	IED MEV	ER MARRIED	9. BALTIA	MORE CITY	OR COUN	TY OF DE	ATH	
E 25 20	Hew Yor		U.S.A.			WIDOW	/ED 🗆	DIVORCED		Balt		City		MD.
PAGE PAGE BE FILED		imore	11. NAME OF HOS (IF NOT IN SUCH FAI 8 NOT	rth G	ay Str	eet	IER INSTITUT	ION 17	. USUAL OCCU FOR MOST OF WO Mortici	JPATION (T PRKING LIFE) .an	YPE OF WORK	12b. KIND OR IN Fune	of BUS DUSTR	Serv
ANY D AND 3 RETAIN PECORD	Marylan	Mah. COUN	OR OTHER PUSTITUTION, GIV NTY	13c CITY C		N)	13d. INSIDE CIT	17 LIMITS? 13 e	8 North	Gay	Stree	t, 21	202	
MD	FATHER'S NAM	Lewis Jo	WIDDLE	L	ST		15. MOTHER	May Wh	VAME	MIDDLE		LAS	iT	
# ASS. A	-						A		Tabre					
ALTIMA AFTER NIVE PA H FOR AGES	Yes, NO, OR UNK	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES)		-10-76		Joyce		Johnso	addres		n Dri	ve	
M. T. WILLS OF WALL P. C. DIV.	18 CAUSE	OF DEATH (Enter or DEATH WAS CAUSE	nly ane cause per line	for (a), (b),	and (c).)							BETWEE	OXIMATE N ONSET	INTERVAL AND DEATH
PN SERVICE THE THE THE THE THE THE THE THE THE TH	4-	MMEDIA	TE CAUSE (a) Ar				cardio	vascula	ar dise	ase				
PRESTO THIN 2 THE IN THE ALL HYG REMON	Candit	ans, if any, which	DUE TO, OR	AS A CONS	EQUENCE C	F								
W. PR ENCIL MINIST MINI	gave	rise to immediate	(b)										_	
N PER MEN N PER		a) stating the <u>under</u> ouse last.	DUE TO, OR	AS A CONS	EQUENCE C	F								
AND AND AND	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH !	BUT NOT RELATE	O TO THE TERMS	VAL DISEAS	F OR CONDITION	GIVEN IN PART 1	(n)					
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A CONTRACTOR	E			0.50								YES		NO 🗆
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DIV HHS CE WRITE WARDE PAGE 3	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC	.)	3	STREET	Les	CITY OR TO	OWN	со	UNTY		STATE
A SATE NO.	22a. 1 ce	tify that I took char	ge of the remains des	cribed abov	e, Held an	Autop	sy .	Inspection X	, Inquiry	, 🔲 , 🔄	and in my op	oinion		
THE STATE OF THE S	death resu	Ited from: Natu	rol Couses XX	Accident	, Sui	ide 🗌	, Hamici	de 📗 L	Indetermined m	nanner				
WAN WAR	ACTUAL	110	2/10/				TITLE (SP				DATE			
3#23E 2 7	SIGNATUR	V/X	jun	-0		M	D. Assi	stant	MEDICAL EXA	MINER	DATE	D	2/2	5/82
TO MEDICAL E EXECUTE THE PAGE 4 SHOUT TO PUNERAL A FIRE DEATH BALLIMORE	EXAMINER' TYPE OR PI	SNAME HO	rmez R. Gu	ard,M	.D.		ADDRESS	111 Pe	nn Stre	et,Ba	1to.MI	212	01	
584544	LIMPORYS	ATION, REMOVAL	23b. DATE			ETERY O	R CREMATO	RY 2	3d. LOCATION CITY OF TOWN COMMON CITY OF TOWN		COU	NTY	STA	TE.
1/W/ BP	Burial		12/30/82	Cr	ownsvi	lle					e, A.	A. M	d.	
DHMH - 17	H FUNERAL DIR	CTOR	7 ANOC	DLAWN	MEMOF	TAL	FH '	MAC	D. B7 1984	OR POR	DOUGRA	The Charles	illy	
(VR A15 ME (5)) 20M 4/B2	selle !	heptilo	ay 6117	1 Win	dsor M	117	Rd							

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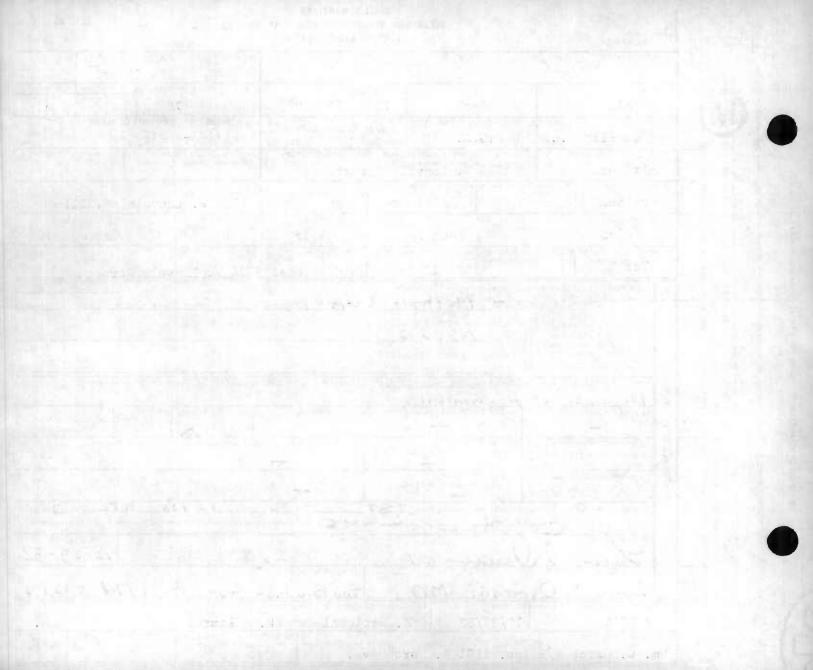
K	FOR 1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 1 5 CERTIFICATE OF DEATH REG. NO.								
	1. DECEASED NAME FIRST	WIDDLE	LAST		PAY YEAR 26 HOUR					
noy be poge 3	(TYPE OR PRINT) JANICE	C	JOHNS ON	12/4/82	9:00A _M					
pog.	3. SEX	4. RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS					
ge 4	FEMALE	WHITE	AUGUST 9 1929	53 YRS.						
9 49	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9. BALTIMORE CITY OR COUNTY						
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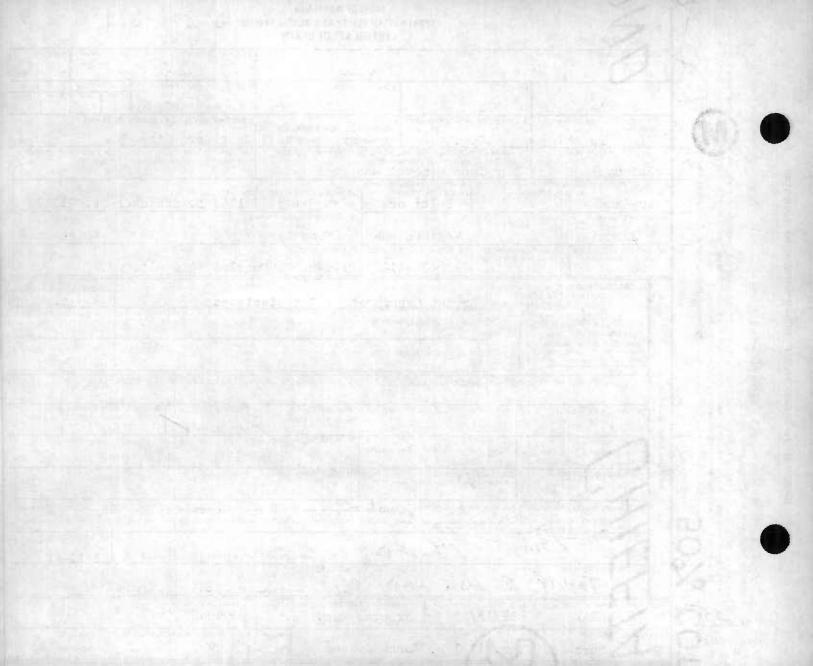
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saw the deceased alive an loss of the deceased alive and have and	saw, the deceased alive an local state above, (i) (we) (did) (did nat) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC	NS OF THE PERSON	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, V	The same of the sa		-		
above (VI) (we) (did) (did nat) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (126) 1216 ADDRESS 2206 ADDRESS 1216 ADDRESS 2306 BURIAL, CREMATION, REMOVAL 2336. DATE 2306 NAME OF CEMETERY OR CREMATORY 234 LOCATION	above, (1) (we) (did) (did nat) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT	0 4 4 4 4 4 4				fram Cau	ember 5 19 02	to Dac 5	1982	, that (I) (we) last
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		saw the deceased alive an		1952.0	nd that in (my) (aur) apinian	death accurred an the do	ate and have and from the	e causes stated
PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DI	PHYSICIAN DIRECTOR PHYSICIAN DIR	4 5 H P 5 F	1				DEGREE	/	224. DATI	ESIGNED
226 ADDRESS LULIAN W. REED 226 ADDRESS 61(5, CHAS ST. BACTO, M. 21230 236 BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 BURIAL, CREMATION, REMOVAL 23b. DATE	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 12/9/82 Deer Park Mem. Gar. Finksburg Md. 24. FUNERAL DIRECTOR	0 1 0 20 =		Xulia.	COR	- L n. T	ATTENDING PHYSICIAN (MEDICAL STAI		6/53
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 234 LOCATION	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. COUNTY STATE 25c DATE 25c DATE 25c DATE 25c DATE 25c DATE 25c DATE REGISTRALS SIGNATURE 25c. DATE REC'D. BY REGISTRALS SIGNATURE	F 9 11 2 4 7	1	274 PHYSICIAN'S NAME STIM O	PRINT					0,1
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	BP 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY STATE M. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAPS SIGNATURE.	54 54 g/		(JIIIIII)	WKEET		6115 C+	1AC ST. 1	BACOR. ME	> 21>3A
	BP (SPECIAL 12/9/82 Deer Park Mem.Gar. Finksburg Md.	0 (10 9) 2333	230			23¢ NAME OF C				
	24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAND REG	190 ARP						Finkeh		STATE
24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAY 3. REGISTRAY S. SIZ HATURE	DHMH - 16 50M 4/82 NAME			UNERAL DIRECTOR			25a. DA			
DHMH-16 50M 4/82 NAME ADDRESS ADDRESS	(VRA 15, 4) Wm. C. Marhh F/H Inc. 1101 E. North Ave. DEC 7-1982		W	m.C.Marhh F/F	Inc.1101	E. North	Ave. DFC	7 - 1982	for any los	mely

or state man at a same 1837-183 Henry Childy



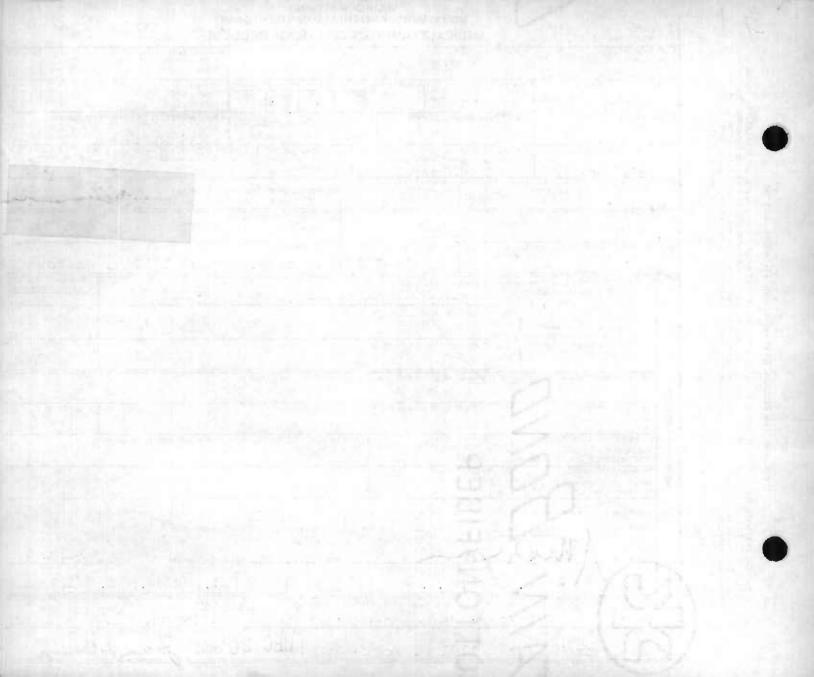
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STATE OF MARYLAND

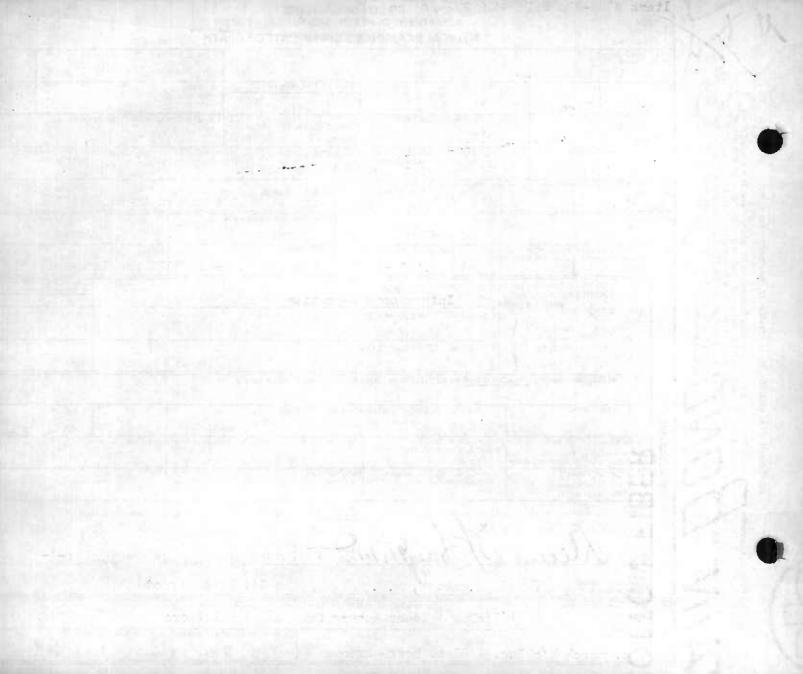
and the same the same

	STATE OF MARYLAND	0.0	evel a d
1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 1 5 3
1. DECEASED NAME (TYPE OR PRINT) JOSEPH TOSEPH	JONES	20. DATE OF DEATH MONTH	YEAR 26. HOUR 82 8.37AM
3 SEX MALE 4. RACE	5. DATE OF BIRTH MONTH DAY VEAR VEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
LIRTHPLACE (STATE OR WELL TO CITIZEN	OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED SA, DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH ME
BALTIMORECITY PROTE	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ASSICH FACILITY, GIVE STREET ADDRESS! TAL BALTIMIR	12a USUAL OCCUPATION DOPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
VSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITU 30 STATE 13b. COUNTY	TION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS Pesbe	ura ST
FATHER'S SAME MIDDLE	Sones SR, 15. MOTHER'S MAIDEN NAM	MIDOLE	Dorsey
160 WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) (IFYES, GIVE WAR OR DATES USS (WWT)	5? 168 SOCIAL SECURITY NO. 17. INFORMANT 215-1640/ Mrs. Lorra	ne Smith 1706	Presburg SI
18 CAUSE OF DEATH (Enter only one cause PART I, DEATH WAS CAUSED BY:	condine assort		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO	O. OR AS A CONSEQUENCE OF Stal International South	asetion.	
couse (o), stating the Underlying couse last.	OR AS A CONSEQUENCE OF	Pariton	
PART 2. OTHER SIGNIFICANT CONDITION	S <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVI	N IN PART 1(a)
	INDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED //ING CAUSES OF DEATH?
The second secon	A.M. MONTH DAY YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18, PA	
	P.M. 19 CE OF INJURY 211 LOCATION STREET, FACTORY, OFFICE, FARM, ETC.]	CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this haspital) attended sow the deceased alive on 12		eath occurred an the date and hour	9 2, that (1) (we) last
obove, (I) (we) (did (did not) view the b	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
SHER AFZAL HASI	-MI PHYSICIAN [220 ADDRESS PROVIDENT	HOSPITAL BALT	IMORE
230. BURNA, CREMATION REMOVAL 23b. DATE	3-82 23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY CHATE
			W / / / / / /

2/1								ARYLAND						
21	1-	FOR STATE						AND MENT		63 /	3	1	5 3	3
	1 6 8	REGISTRAR		IV		LEXAMIN	IEK.2 C	ERTIFICAT	IE OF DE		REG. NO.			
		CEASED NAME E OR PRINT)	FIRST		MIDDLE H.			LAST		20. DATE K	NOWN X	HTMON	DAY YEA	P 26. HOUR
岁 笑起望世。			MARY		11.			IONES		OF DEATH	MATED	12	14 19 82) M
30208	3. SE	4. RA	CE	5. DATE OF BIR		6. AGE (IN YI	3		NDER 24 HRS	. 2c. DATE	M	HINO	DAY YE	AR 2d HOUR
220%]	remale	Black		27 99	2	RS. MONTE	AS DAYS HOL	URS MIN.	PRONOUNG DEAD	.ED	12	14 1982	3:50
NOTE OF	70. B	RTHPLACE (STATE OR		76. CITIZEN OF			B. AAADDI	ED NEVER	ALABBIED [9. BALTIMO	RE CITY OR	OUNTY		
日本の		Md.		U	SA		WIDOW		VORCED [Balti	more C	itv	39/10	MD.
CALEGE CO	10. C	TY OR TOWN OF DE	ATH			URSING HOM	E, OR OTH	ER INSTITUTION		SUAL OCCUPA		WORK 1	OR INDU	BUSINESS
757250		Baltimore				neral H	ospit	al (DOA						
OSEANO/		L RESIDENCE (IF IN N	I 13b. COUNT	OTHER INSTITUTION	GIVE RESIDEN	TY OR TOWN	ION)	134 INSIDE CITY LIA	urrez 120 ST	REET ADDRES	c	1	2121	7 .
AND AND PECOLO		Md.	130. 000141		E	Balto.			0 🗆 🕹	2039 P	ennsy	lvai	nia A	ve
g "New No.	14. F.	THER'S NAME		MIDDLE				15. MOTHER'S /	MAIDEN NAM	AE	DLE			
# 45.5 S		John			obins	iast		Elle	en	MIC	Off		LAST	
N CONTROL	16a. V	AS DECEASED EVE			16b SC	OCIAL SECURIT	Y NO.	17 INFORMAN	T		ADDRESS			
ON ST., BALTIMORE 24 HOURS AFTER DEA TIEM 18. GIVE PAGES ONG WITH FORM PERMIT. PAGES 1 STERMIT. PAGES 1 VAL.	(4	NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	21	9-10-	7816	James	s A. J	Jones	1718	N.	Calh	oun St
. 04 . > . 0		18 CAUSE OF DEA	TH (Enter anly	ane cause per l	ine far (a), ((b), and (c).)							APPROXIM	ATE INTERVAL
PRESTON ST., ITHIN 24 HOU CIL IN ITEM 18 NER ALONG V N		PART I DEATH V		BY: CAUSE (a)	Arte	rioscle	rotio	cardio	vascul	ar dise	ase		BE I WEE IN OI	ISET AND DEATH
N 24 IN ITE ALOI AOVA		429	OWNEDIATE			ONSEQUENCE			1 11 11 11				- 10	
HIN IL IN		Canditians, if		0.5										
× × × × × × × × × × × × × × × × × × ×		gave rise ta cause (a) statin		DUE TO,	OR AS A CO	ONSEQUENCE	OF			-				
SO SECTION ON A SE		lying cause last	1.	(c)										
KDS, 201 XECUTEI VG. IN F SAL EXA BURIAL AND M VATION,		PART 2 OTNER SIGNIFICA	NT CONDITIONS CO		ATH BUT NOT RE	ELATED TO THE TERM	AINAL DISEASI	E OR CONDITION GIVE	N IN PART 1 (n)					
RECORDS, D BE EXEC PENDING, PENDING, O AS A BUR IEALTH AN	Z													
LI RECORDS, 201 VIUD BE EXECUTED "PENDING" IN PR FE MEDICAL EXA- EED AS A BURIERA FI HEALTH AND MEI AL CREMATION, O	CERTIFICATION	190. DATE OF OPER	ATION	19b CON	DITION FO	R WHICH OPE	RATION W	AS PERFORMED	?				20. AUTOPS	5Y?
■ O□======	FIG			. 200									YES [KI ON
2 0 7 0	ERI	210 EXTERNAL CAL	JSE WAS		OF INJURY		21c. HC	OW INJURY OCC	CURRED LENTE	R NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART		NOLA
DIVISION OF VIT S CERTIFICATE SH RITING THE WOR ROED TO THE CH SE 3 SHOULD BE OF PROR TO BUILD	A	UNDERLYING			INOM .M.A		R						15.5	
SIO SHO SHO SHO SHO SHO SHO SHO SHO SHO SH	MEDICAL	CONTRIBUTING	RRED		P.M. E OF INJUR	TY (AT HOME.	21f. LO	CATION				-		
S CE S CE S CE S CE S CE S CE S CE S CE	ME	WHILE NO	T WHILE	STREET, I	FACTORY, FARM	, ETC.)	S	TREET		CITY OR TOW	N	COUN	ITY	STATE
WAWA WAC		AT WORK AT	WORK											
EXAMINER: DECETIFICATE DULD BE FORU BE FORW WITH THE STAND, AMARYLAND,		220 I certify that	l taak charge	af the remains	described al	bave, held an	Autap	sy 🔲, Insi	pectian X,	Inquiry	, and in	my apir	nian	
A FERRES		death resulted fre	m: Natura	l causes X.	Acciden	nt L., Si	icide 🔲	, Hamicide	, Unde	etermined mar	ner ,			
EXAM CERTION DE DIRE		ACTUAL A	11.	0.				TITLE (SPECI	FY)					
₹ ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩		SIGNATURE_	m	NY	0		M	D. Assis	tant ME	DICAL EXAMI	NER	SIGNED	12-1	7-82
S P S S S S S S S S S S S S S S S S S S	4	EXAMINER'S MAMI	1	M Divo	m M I	0		11	1 Pann	C+ E	0-14-	Md	2120	1
TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE BALTINORE, MARY		EXAMINER'S MAMI (TYPE OR PRINT)		M. Díxo				VDDKF33		St., E	ballo.,	IVIQ .	2120	
8 A 7 A 8 A 7 A 8 A 7 A 8 A 7 A 8 A 7 A 8 A 7 A 8 A 7 A 8 A 7 A 8 A 7 A 8 A 8	23a.B	URIAL, CREMATION,	REMOVAL 23	b. DATE	230	NAME OF CE	METERY O	R CREMATORY	CII	OCATION TY OR TOWN		COUNT	Y	STATE
BP		Burial		12/20/	82	New C	athe	dral Ce		Baltim		Md.		
DHMH - 17	24. F	UNERAL DIRECTOR		ADDR	ESS				DATE REC'D.	BY REGISTRAR	250 REGISTR	AR'S SIC	SNATURE	A
14/62 (VR A15 ME (5))	1	Wm C Ma	rch F,	/H	1101	E. No	rth.	Ave	LU 4(1 1902	John	- of	lower	4



Y I	tems #18a-22a Fi	llm G576 2/	24/83 PSTATE OF	MARYLAND	CIENE *)	7 1 6 7	0
	- STATE REGISTRAR		ICAL EXAMINER'S		V 600		
	DECEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN X	X MONTH DAY YEAR	26. HOUR
/L		100		ones	DEATH MATED	12 2119 02	A
X I	male Black	5. DATE OF BIRTH MONTH DAY 2 21		UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE IN. PRONOUNCED DEAD	MONTH DAY YEAR	10:05
1 / 10	BIRTHPLACE (STATE OR	76. CITIZEN OF WHA	AT COUNTRY?	RRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	PIN
20	FOREIGN COUNTRY] Maryland	U.S.A		WED DIVORCED	C D 1 1 1	e City.	MD
	CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FACI	ITAL, NURSING HOME, OR O RITY, GIVE STREET ADDRESS) EMORIAL HOSPIT	THER INSTITUTION 12	O. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)		INESS
5 6 130	SUAL RESIDENCE (IF IN NURSING NOME 1. STATE 136, COU Maryland	OR OTHER INSTITUTION GIVE			STREET ADDRESS 208 McKean A	venue 21217	
2011	FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN I	MIDDLE	LAST	
74	Eugene	W	oodford	Dorothy	В.	Jones	
7 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECURITY NO.	IT. INFORMANT	ADDRESS		
4	No		216-50-2923	Dorothy B	. Lewis 3326	Woodland Apt.	2A
MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause last. PART 2 OTHER SIGNIFICANT CONDITION	DUE TO, OR A	IS A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN PART 1	(0).		
OBURIAL, CREA	19a. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?	
1							NO 🗆
3		DEATH P.M.	MONTH DAY YEAR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
200	CONTRIBUTING CARSE OF CONTRIBUTING CARSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF STREET, FACTO	F INJURY (AT HOME, 21f. L RY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY	STATE
A	22a I certify that I taak char	ge of the remains descr ural causes 🔣	Accident Suicide	Hamicide	, Inquiry , or Undetermined manner ,	DATE I—I—8	3
BALTIMORE, W		Dennis F. S		_ADDRESS	Penn Street		
2 230	BURIAL (SPECIFY) BURIAL	1/7/83	Mount Aubur		Baltimore	Md.	TE.
24	I. FUNERAL DIRECTOR			25g. DATE REC	D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE	
(5))	Wm c march F/I	H Inc. 1101	E. north aver	nue IAM	61002 2	2. Capiel	



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR STATE

(VRA 15, 4)

REGISTRAR

AND THE RESIDENCE OF THE PARTY M2/6 NEGS12 - C(2)3/4 - 2/5/M Per Wish Calemane Share acre Rd . . . Welden Steel 13. NA ROLL V SHAPSHARKE. Sylvescen times Sn Donis Land VES PERSON SERVICE SHOPS Burgers X and a separate and a service of the Eurist 12-31-24 Rehimone Eugers Believe E. Hall Bouth a shirt was 18 Chien st. 18 Chien st.

24 FUNESchimanek Funeral Home, Inc.

3331 Brehms Lane, Balto. Md. 21213

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR INDUSTRY 5637 CARTER AVE. 21214 JOPPATOWN, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

22c. DATE SIGNED

250 DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATURE

Md.

	4860	DUE TO, OR AS A CONSEQUENCE OF	Congrana	war for	
7	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)			
NOI	PART 2 OTHER SIGNIFICANT COM	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
RTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM TS PART (OR PART 2)
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)	21f LOCATION STREET	CITY OR TO	wn county state
	220.1 certify that (1 (this haspital) saw the deceased alive an abaye (1) (well did) (did not) vi	arended the deceased from 1°2/7 12/28 19 82 are	nd that in (my (aur) bpinian		ate and haur and fram the causes stated

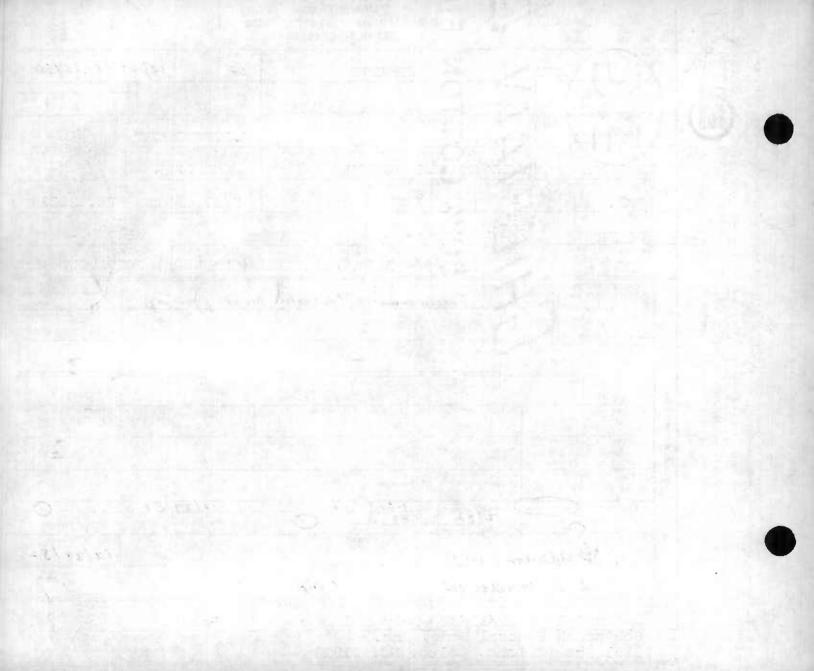
HMH-16 50M 1/81 (VRA 15, 4)

FOR

- STATE

REGISTRAR

DECEASED NAME



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AND SHOW OF THE SECOND DEC 28 986 / Carol Carind

or oth

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MPORTANT

CERTIFICATION

MEDICAL

STATE OF MARYLAND

1 - STATE REGISTRAR			DEPARTA		ICATE O	D MENTAL HYC F DEATH	GIENE 8	REG. NO.	3	1 3	3	8
1. DECEASED NAME	FIRST		WIDDLE		LAST		2a DATE O	F DEATH M	ONTH DA	AY YEAR	2b HOU	JR
(11100011111111111111111111111111111111	Thoma	S	Michael	K	ane			1	2 0	2 1982	6:	00P
3. SEX		4 RACE		S. DATE O			6 AGE (IN)	EARS LAST BIRTH		F UNDER I YEAR	IF UNDER	R 24 HRS
Male		Caucas	sian	3	29	1914	68		YRS.	ONINS DAYS	HOURS	MIN,
7a. BIRTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVE	RMARRIED -	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH		
Pennsylv		U.S	.A.	WIDOW	_	DIVORCED [Ba1	timore	City			М
10 CITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER IN	NSTITUTION		OCCUPATIO		12b. KIND (ESS O
Baltimor	e	2922	Strickla	nd St	reet.	21223	Bott			Brewe		
USUAL RESIDENCE (IF NO	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1.13d_INSIDE	CITY LIMITS?	13e. STREET	ADDRESS	12			
Maryland	-		Baltimo		YES 🛣	NO 🗌		Stric	kland	Stree	et.21	223
14 FATHER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA		WIDDIE				
Michae		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Kane		_ A	nna		WIDDLE		Dick	son .	
160 WAS DECEASED EVI		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDRES	5		2122	3
Yes	WW		168-09-1	350	Catl	nerine M	. Kane	2922	Stric	kland	Stre	et
18 CAUSE OF DEA PART 1. DEATH	WAS CAUSE		Pulm	ion	Co	ngestu	in	1000	15-113	BETWEEN	KIMATE INTE ONSET AND	RVAL DEATH
Conditions, if or	ny, which	DUE TO, O	R AS CONSEQUE	tive	He	as fo	ihure	2				

THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 21b. TIME OF INJURY

25

DUE TO, OR AS A CONSECU

CITY OR TOWN

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

2 months

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

couse 101, stating the

couse last.

underlying

HOUR A.M. MONTH DAY P.M 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

NOT WHILE 22a.1 certify that (1) (ship ham tal) attended the deceased from sow the deceased alive on_

DEGREE

and that in (my) (and opinion death occurred on the date and hour and from the causes stated

(TYPE OR PRINT)

23b. DATE

22e ADDRESS

STREET

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

22c. DATE SIGNED

STATE

Joseph H. Miller, M.D.

21229 900 Caton Avenue, Baltimore

Burial 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

22b. SIGNATURI

12-06-82

Holy Cross

23c. NAME OF CEMETERY OR CREMATORY

Brooklyn Pk. A.A.

Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

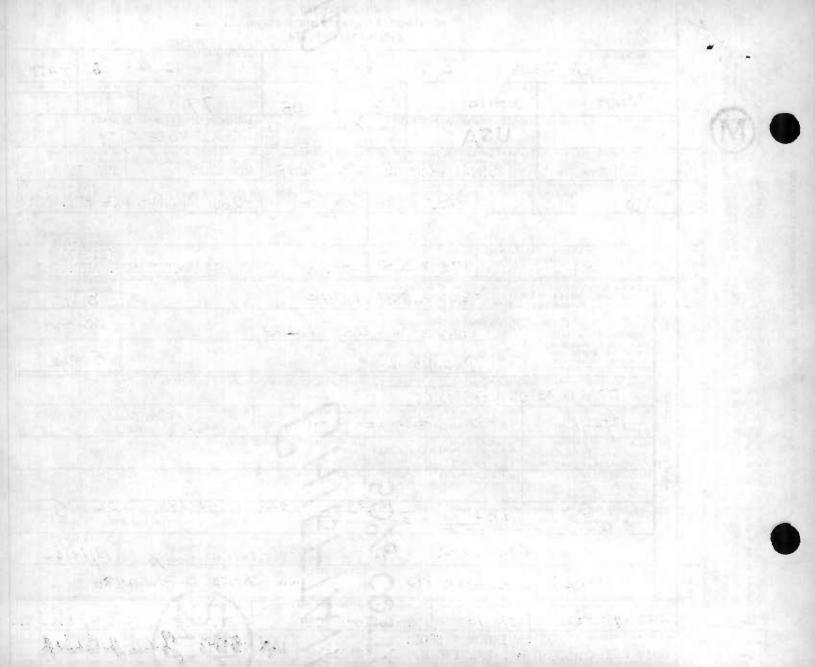
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Y	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B 2 CO S	5 90373 9
y be ge 3 death		CEASED NAME FIRST	stantine G.	Karamplacas	20. DATE OF DEATH MONTH	13 82 26. HOUR 920 PM
оде 4 то	3. SE	m	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS	
death. P		IRTHPLACE (STATE OR FOREIGN COUNTRY) Turkey ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUN Baltimore 120. USUAL OCCUPATION	City MD.
1201		Balto.	(IF NOT IN SUCH FACILITY, GIVE STR	eet ADDRESS) Hospital	Butcher-Re	tired
LAND 21	130. 3	Md. Bal	UNTY 13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS Balt	to.,Md. Ave. #21227
complete		George VAS DECEASED EVER IN U.S. A	Karampla ARMED FORCES? 160. SOCIAL SE	acas	UNKNOWN	LAST
be exected and on an and on an			SIVE WAR OR DATES)	CURITY NO. 17. IMPRISATE IOT 0-7853-A Karampl		ummit Ave., Md. #21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSKCIAN: The low requires that the death certificate be executed within 24 hours or oftending physician. When this certificate has been signed by the attending physician and completely filled in boos the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be the hand Amenial Hygiene prior to burial, cremation, or removal. On the IR shows any injury, or ather traumatric event, the medical examines must be accepted as the property of	NO	Conditions, if ony, which gove rise to immediate couse (D), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	107	oute myrearly	diserve fairth	CE Strongs
VITAL RECOR	CERTIFICATION	198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	YES NO NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OR ATTEND or hospitol or DIRECTOR: A population use Dept. of Heal	MEDICAL CE	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WMILE ATWORK ATWORK ATWORK ATWORK (1) (the hosp	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE) pitch offended the deceased from	DAY YEAR 19 211. LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	MEDICAL STAFF	COUNTY STATE
TO HOSPITAL retained by th TO FUNERAL should be deter with the State IMPORTANT: I		Jerry BURIAL, CREMATION, REMOVA (SMECIFY) BURIAL		leh 226 ADDRESS R. NAME OF CEMETERY OR CREMATORY New Cathedral Ce	Balto.	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	G.	Truman Schw	rab 5151 Bal	DO THOU TO	EC 1 7 1982	STRAR'S SIGNATURE.

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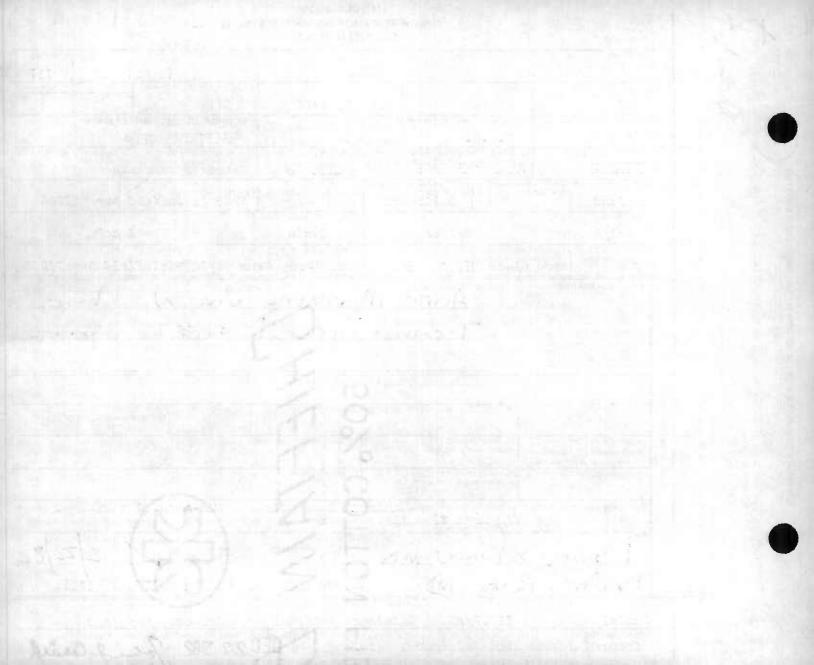


Henry W. Jenkins & Sons Co. Balto. . Md.

(VRA 15, 4)

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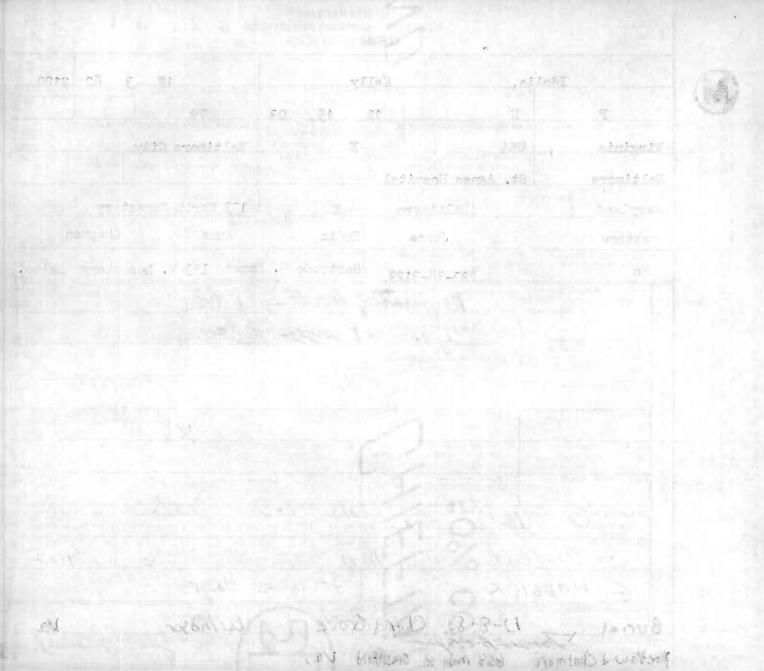
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y be		KENNE			LLER		12 21 82	9:15P
a mo	3. SEX		4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
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deoth. Po	C	THPLACE (STATE OR FOREIGN DUNTRY) Virginia	76. CITIZEN OF WHAT COU	MARRIE		BALTIMOR		٨
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Sold be in		L RESIDENCE (IF NURSING HOME TATE 13b. COL	or other institution, give residence and the substitution $13c$, CITY of BaI	E BEFORE ADMISSION) OR TOWN timore	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 5720 Plain	nfield Ave	21206
mpletely and 2 sh	14. FA	THER'S NAME FIRST Ralph	MIDDLE Kelle	ast r	15. MOTHER'S MAIDEN NA	ME MIDDLE	Leach	LAST
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The low reicion. te hos been sit permit. giene prior shows any i	CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUS YES	DINGS USED LES OF DEATH?
YSICIAN: The string physician s certificate h survol-transit p mental Hygier r them 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2	7)
ottendin ter this c s the bur ond Me	MEDICAL	21d INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ATTENDIN Ispitol or CTOR: Af A for use o I of Heolit n 21 is mo		22a. I certify that (I) this has sow the deceased alive above, (1) (we) (did) (MA)	pitol) ottended the deceosed on <u>Docombon 9.1</u> (pt) view the body ofter death	_19_ <u>87</u> , or	nd that in (🎶) (our) opinion	, to	ote and hour and from the	he couses stated
TO HOSPITAL OR. Peroined by the ho TO FUNERAL DIRE should be detoched with the Stote Dept IMPORTANT: If then	,	22d PHYSICIAN'S NAME (TYP	S. Turne		ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC	FF IZ	ZZ 8
Should with the	_]	DAVIDS.	TRIVCE M	D	3900 LOCH R	AVEN BLVD.	BALTO. MD 2	1218
BP	- 13	URIAL, CREMATION, REMOVA PECIFY) Burial	23b. DATE 12/27/82		EMETERY OR CREMATORY ore National	23d. LOCATION CITY OR TOWN Baltimor	county e, Maryland	STATE
MH - 16 50M 4/82 (VRA 15, 4)	24 FU	NERAL DIRECTOR L'EGNARD J Ruc	ck Inc. Baltiff	Ore, Mar	yland 25. DA	C 2 7 1982	256. REGISTRAR'S SIGN	Cohiel



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	FOR STATE REGISTRAR	CERTI	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	1546
noy be poge 3	1. DECEASED NAME (TYPE OR PRINT) HAZE		RSON	20. DATE OF DEATH MONTH DA /2 - //	20 1100K
ge 4 mo	F emale	MON	of Birth 11 16, 1913	6 AGE (IN YEARS LAST BIRTHDAY) IF	FUNDER 1 YEAR IF UNDER 24 HRS
	Maryland	76 CITIZEN OF WHAT COUNTRY? 8	ED NEVER MARRIED	Baltimore City OR COUNTY C	
s ofter d by the fu iled wit	Baltimore	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) N. Charles Gen . Hos	OR OTHER INSTITUTION	12a USUAŁ OCCUPATION (117PE OF WORK FOR MOST OF WORKING LIFE) Factory-worker	12b. KIND OF BUSINESS OR INDUSTRY ICe Cream
AND 212	USUAL RESIDENCE (IF NURSING HOME 136. CO Maryland -	or other institution give residence before admission ounty 13c. CITY or town Baltimore	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 322 S. Madeira	
BALTIMORE, MARYLAND cote be executed within 24 sysician and completely filler opers. Pages Land 2 shavid vol. 11, the medical accomplete are	14. FATHER'S NAME FIRST George	MIDDLE Kesterson	15. MOTHER'S MAIDEN NA. Winnie(Wi	ME	ewes_ Ashby
be execut on and co	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECURITY NO. GIVE WAR OR DATES) 216-30-0939	Joseph Borow	ADDRESS ski 322 S. Madeir	
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AL RECO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
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1/13 BP	230. BURIAL, CREMATION, REMOV	AL 23b. DATE 23c NAME OF	CEMETERY OR CREMATORY wn Cemetery,	23d. LOCATION	corre Co., Ma.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR	Ine. 1901 Eastern Ave	25a PAJ	REC'D. BY REGISTRAR 256 O GISTRA	

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Burtal Dec. 15,1909 Oadlan Commercy. -- Baltimore Co., Md.

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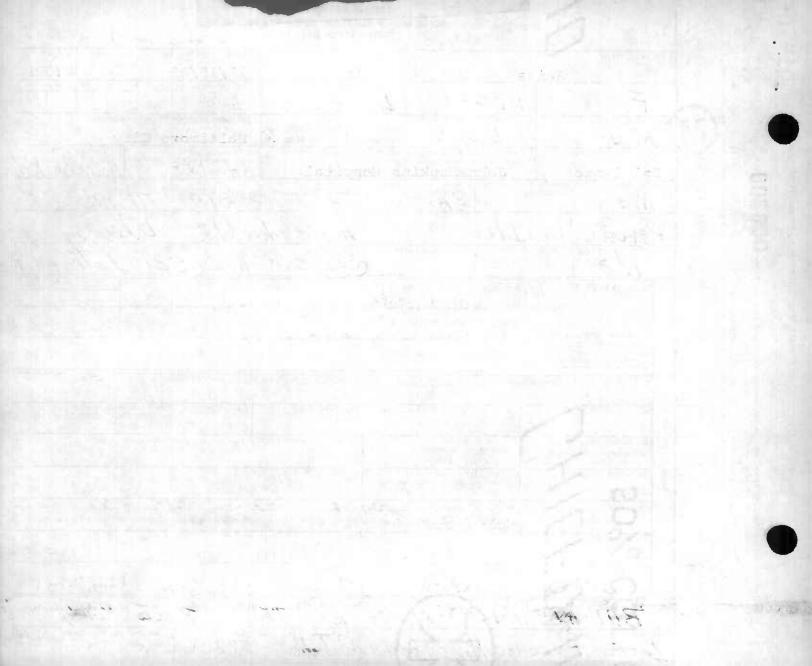
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWNXX MONTH DAY LTYPE OR PRINT! ESTI-12-19-82 DEATH MATED 24 HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 9:54P Female 03 79 White YRS 12-19-87 BIRTHPLACE GIAN OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY Md. U.S. WIDOWED DIVORCED Baltimore City IS CITY OF TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION T20. USUAL OCCUPATION (TYPE OF WORK 1726, KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Saleslady Retail 39th St Apt. De STATE US COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto. 105 W. 39th St. Apt. 312 YES NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Barroll Caroline \$% Fischer Henry Kevser MAS DECEASED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO. 17. INFORMANT Balto., Md.21210 I YES, NO. OR LINEHOWNE 219-20-7906A Mrs. Mary Brune 906 Poplar Hill Rd. IB CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (S. Smoke and soot inhalation and carbon monoxide Conditions, if any, which (b) intoxication gave rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? NOX X 21s EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING XX OR caught in housefire CONTRIBUTING | CAUSE OF DEATH TIE PLACE OF INJURY, (AT HOME, II LOCATION THE INJURY OCCURRED STREET, FACTORY, FARM, ETC.) W. 39th St. Apfr. 312 Baltimore, Maryland WHILE AT WORK home PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARNIAND, 2 Inspection X 22a I certify that I taak charge of the remains described above, held on Accident X Homicide Undetermined manner death resulted from: Natural causes Suicide 12-20-82 ACTUAL MEDICAL EXAMINER 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 12/21/82 Removal 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Anatomy Board Balto., Md. 20M 4/82

STATE OF MARYLAND

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and 2 th	D	EATHER'S NAME ROPERT M	middle LAST	15. MOTHER'S MAIDEN N.	AME / MODIE	West	Des
Poper	16	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 16b. SOCIAL SEC	CURITY NO. 17 INFORMANT	KIN9 5	319 201.	hiAN
the original by the commit. Then please is man gride to be been signed by the commit. Then please is man only injury, or other the	- Contraction			DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	20b. IF YES, WERE FINDI	INGS USED
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R ATTEND hospital o RECTOR, J and for use pt. all fleul em 21 is m		saw the deceased alive or	ital) attended the deceased from 12 / 5 19. 19. 19. 19. 19.	12/158, 19 82, and that in (my) (our) opinion	death accurred on the do	ate and haur and from the	, 11101 (11 (110) 10.
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BP		BURIAL CREMATION, REMOVAL	13/2/23/82	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	alto com	My STAGE
HMH - 16 50M 4/B2 (VRA 15, 4)	24	FUNERAL DIRECTOR	EBAL HomE ADDRESS	01/7 Pentrell	DEC 20 198	25b. REGISTRAR'S SIGNA	Pranel



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
	DECEASED NAME FIRST	WIDDLE	6.7	AST	20. DATE OF DEATH	MONTH DAY		2b. HOUR
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3.	SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF UNE	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
L	MALE	WHITE	05	09 01	81		DATS	HOORS MIN.
770	URTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF D	EATH	
	MARYLAND	U.S.A.	WIDOWE		C	TY		MD
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE		b. KIND OF	F BUSINESS OR
1	BALTIMORE	(IF NOT IN SUCH EACILITY,	sing ItoM	(E, B. C ITY HOSP	PRINTER	WORKING LIFE) IIN	IDUSIKI	
17	RESIDENCE (IF NURSING HOME OF		ENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
1	MARYLAND		LTIMORE	YES NO	2576 MARBO	URNE AV	ENUE,	21230
14	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA				
)	HOWARD		RBY	E LLA	WIDDEE	J	BUTLE	
16	a WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	2	1229
	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	8-05-0035	REGINA M. DU	JFFY 4311 W	ILKENS A	AVENU	E APT.
۲	18 CAUSE OF DEATH (Enter or	nly one cause per line far (a) (b) and (c)	(:1 0			APPROXIA BETWEEN O	MATE INTERVAL DISET AND DEATH
ı	PART I. DEATH WAS CAUSE	TE CAUSE (a)	orlienna	e Ideant De	sease.		n	rs
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ŀ	Canditians, if any, which	(b)	CINSECOEINCE OF					
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	110. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI	RE FINDIN	GS USED
					YES NO	YES [CAUSES	NO [
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L	OR CONTRIBUTING CAUSE OF DE	AIR	19		1.5			
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJUI		211. LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
Г	ORK NOT WHILE							
П	220.1 certify that (t) (this hasp	2 .4/0.0	ed from	1976	2 , to 3 Vl		32,1	that (1) (we) last
L	saw the deceased alive an above, (1) (bue) (did) (did no	ot) view the body after dec	19.27, ath.	nd that in (my) (com) apinian	death occurred an the do	te and haur and	fram the c	auses stated
Г	22b. SIGNATURE	10 1	0	DEGREE			22c. DATE S	
1	Edmund	Bracell	am nul	ATTENDING PHYSICIAN [MEDICAL STAF	IAN	3 6	2832
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	0	- 01		
	1 t.G. 12E	EACHAM	MD	DALTIM	MORE CO	TY HO	SPI	MALS.
23	30. BURIAL, CREMATION, REMOVAL	23b DATE	23t, NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	/ cou	INTY	STATE
1	BURIAL	12-06-82	LOUD	ON PARK		CITY		RYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

BUR IAL

24 FUNERAL DIRECTOR
NAME HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

21229

MARYLAND

BALTIMORE CITY MARY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATION

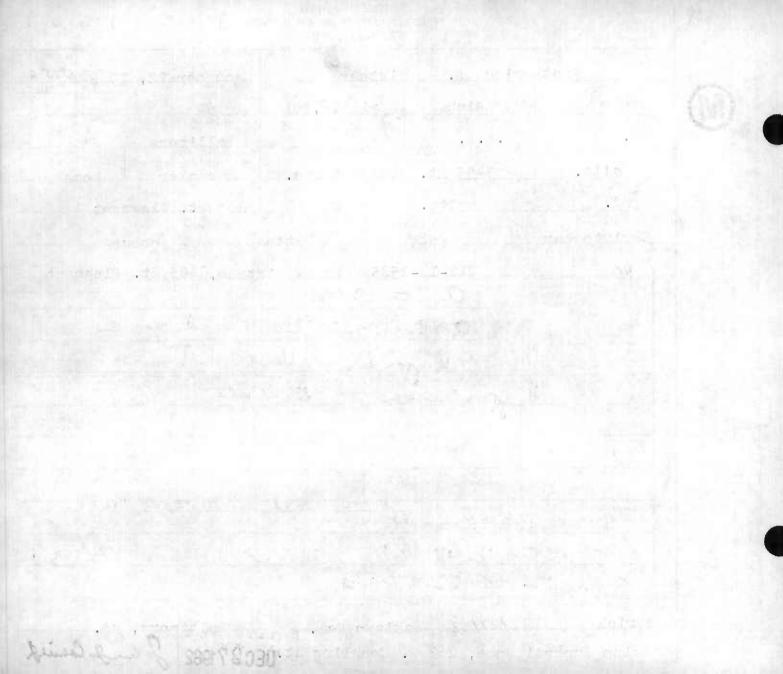
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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
m.e		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
A 800	L	Kath	erine M. K	istner	December 22	7082 11:25 AM
-	3.	SEX		DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(M)	L	Female	Caucasian	April 16.1913	69 YRS	MONTHS DAYS HOURS MIN.
14.	P	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
S MENTE 25	3	Md.	TT CT A	VIDOWED DIVORCED	Baltimore	MD.
1 21 3	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
S of led	9	Balto.	34.05 Mt. P	leasant Ave.	(TYPE OF WORK FOR MOST OF WORKING L	
hour be t	4	SUAL RESIDENCE IN NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE AD	MISSION)	homemaker	home
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sho sho	14	FATHER'S NAME	barto.	YES NO 15. MOTHER'S MAIDEN NAM	3405 Mt. Ples	asant
amplet ond 2	8	FIRST	MIDDLE	FIRST	WIDDIE	LAST
- 0	14	Christopher was deceased ever in u.s. ar	Muth	Etta	Kobl	ous
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no the orke		WHILE NOT WHILE AT WORK				
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Sprite Sprite of Hor		saw the deceased alive an abave, (1) (we) (did) (did no	view the bady after death	ond that in (my) (our) opinion d	eoth occurred an the date and hav	or and Iram the causes stated
hos hos hed heart.		226. SIGNATURE		DEGREE		221. DATE SIGNED
Y the y the CAL D detac detac D VI: If I		1 fill an	m'c-0' 19	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/22/82
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TO HO TO FU should with ##	22	BURIAL, CREMATION, REMOVAL			Test Location	
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	-	Burial	12/27/82 Oal	lawn Com. L.	Baltimore	Md
DHMH - 16 50M 1/81 (VRA 15, 4)		FUNERAL DIRECTOR		Conkling St.		RAR'S SIGNATURE
(**************************************		Zannino Funera	7 Home 263 S	Conkling St.	- A D D 1000 \ '64 /	. Y. (Alexal III

Conkling State

Funeral Home, 263 S.



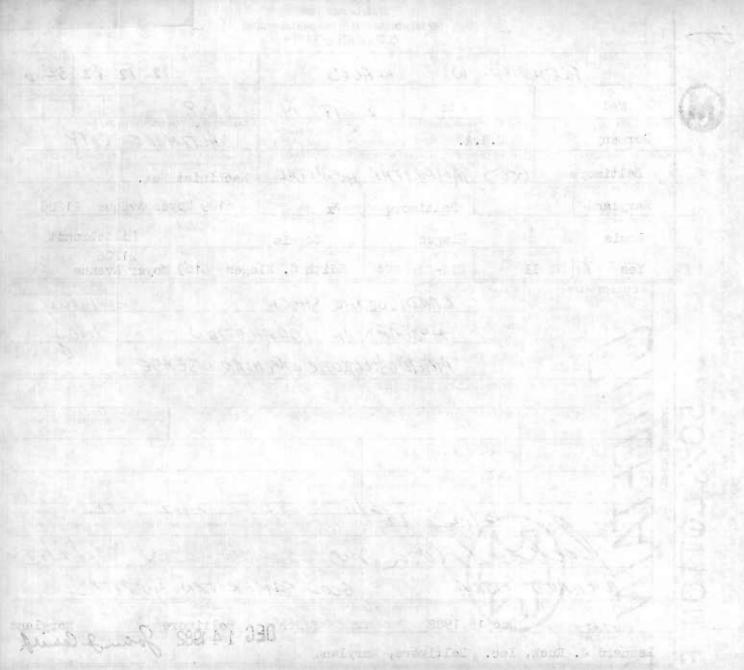
Leonard J. Ruck, Inc. Baltimore, Maryland

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



2-04-82

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

ADDRESS

21229

FOR

REGISTRAR

BURIAL

DHMH-16-30M-2/90

(VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

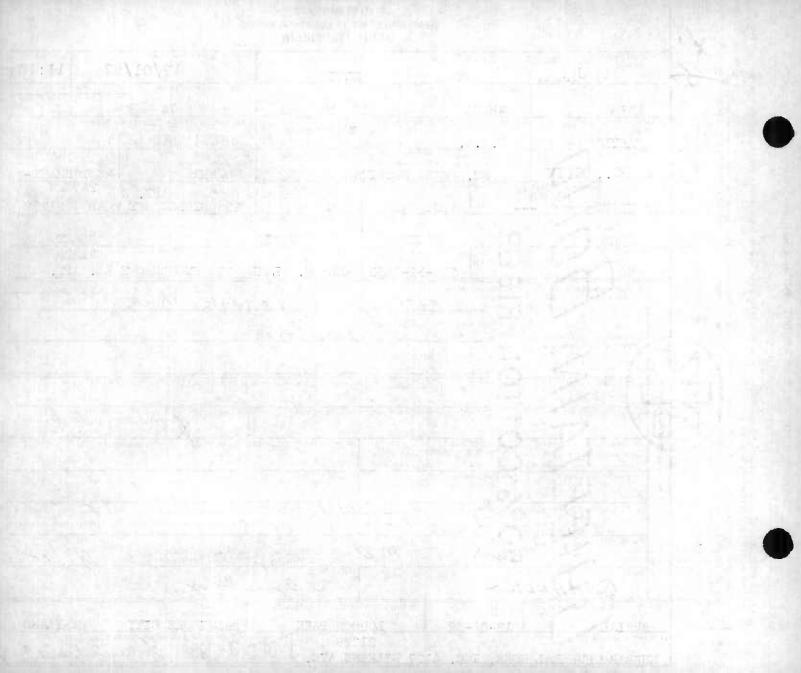
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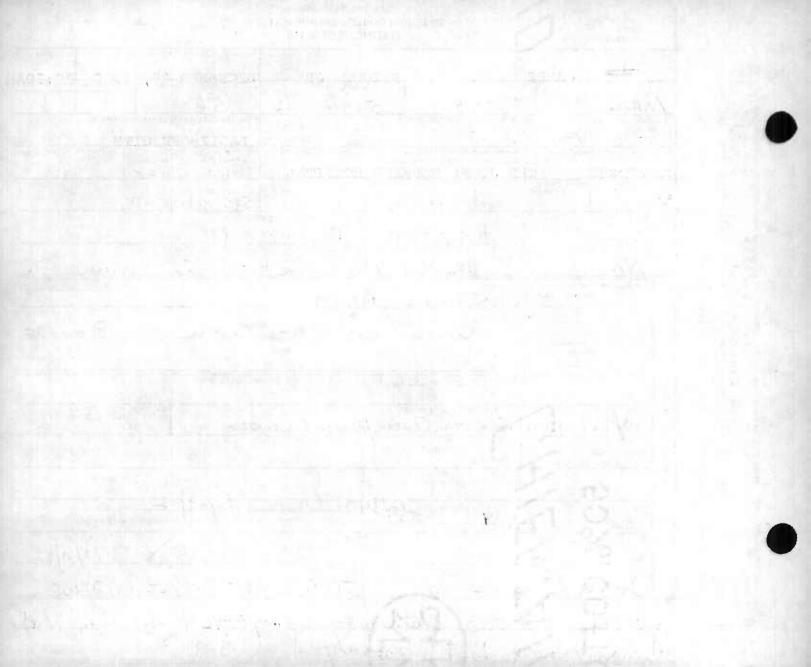
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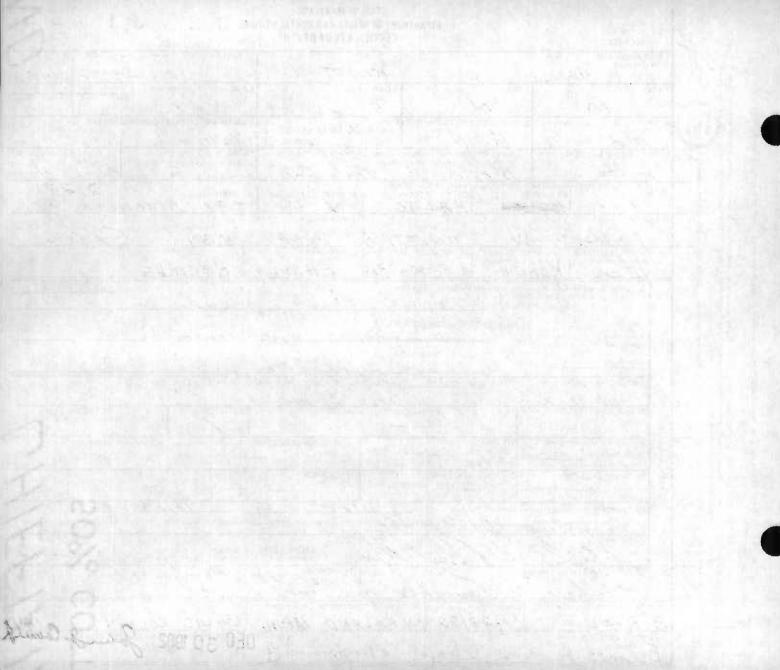
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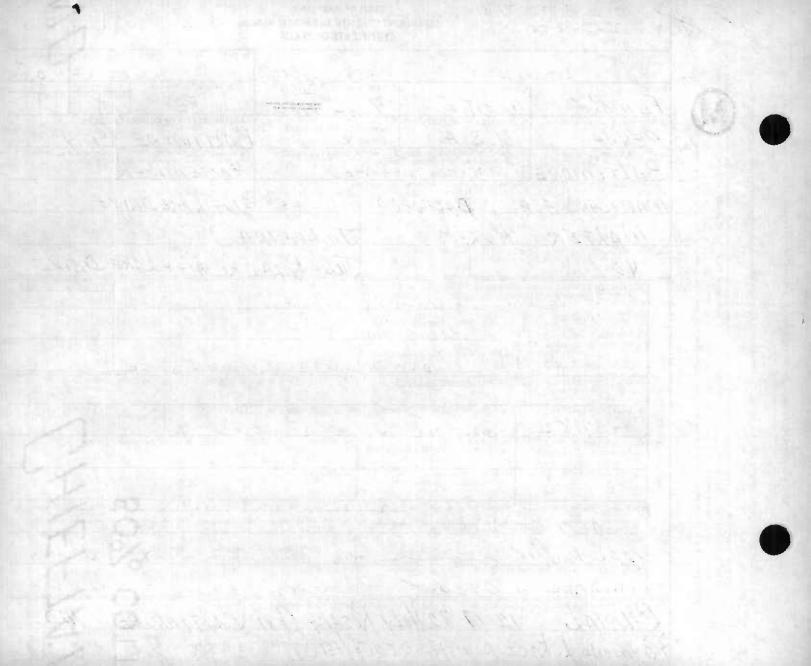
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2	7 "
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THE OF PRINT / 1	ZB. HOUR
JAMES KNIGHT TR DECEMBER 29 1982	10.30MM
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56 5613	73a	LI AL, CREMATION, REMOVAL		MAME OF GE	ETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY MA STATE
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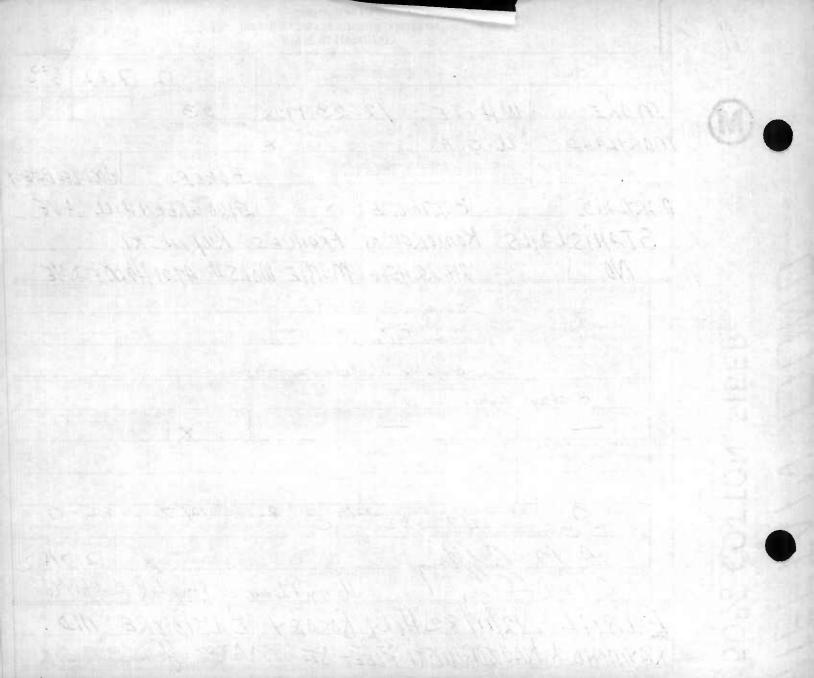


- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

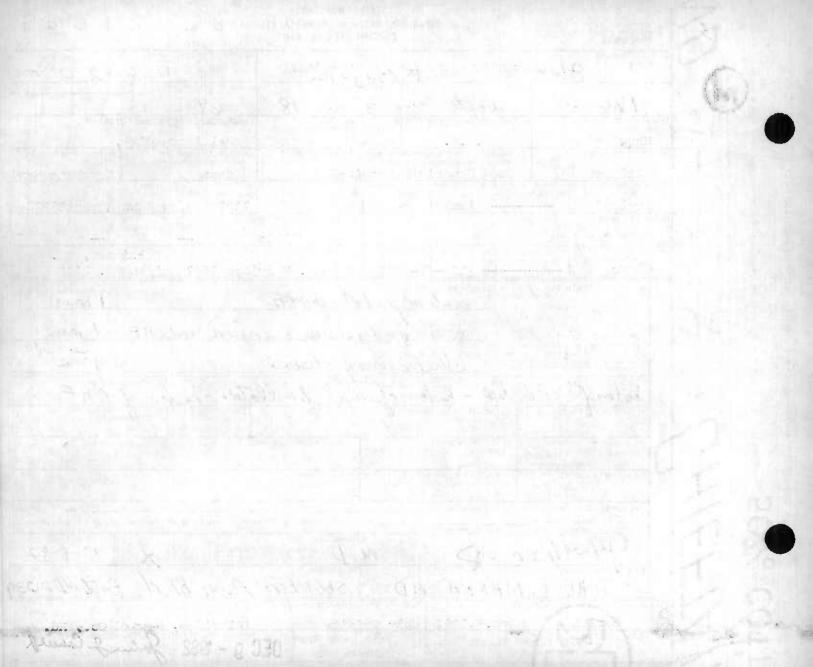


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) ESTI-Kopera LOUIS DEATH MATED 12 19 82 26 1 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 9:59 MONTH PRONOUNCED 9 White 1982 Male DEAD a M TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH OF WHAT COUNTRY? MARRIED NEVER MARRIED Manuland Baltimore City WIDOWED DIVORCED 1, 2, AND 3 TO THE PAGE M 3. RETAIN PAGE D 2 SHOULD BE FILED HAR RECORDS, 201 V IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Ray Service /ec 1500% Elmtree Baltimore 136. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET A YES X Maryland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST Louis Kopera Frances (YES, NO, OR UNKNOWN) 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO DIVISION HE YES GIVE WAR OR DATES! 1959 to Anthony Kopera APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, Chronic alcoholism IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 OF HEALTH CERTIFICATION USED AS CATE, WORD "PER CATE, WAITING THE WORD "PER FORWARDED TO THE CHIEF M OR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA THE STATE DEPARTMENT OF HEA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 NOX 21a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 714 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STATIONCE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my apinion death resulted from Accident Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL SIGNED_12-27-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NA 111 Penn St., Balto., Md. 21201 M.D. Ann M. Dixon. (TYPE OR PRINT 730 BURIAL CREMATION REMOVAL 236 DATE Baltimore, HoLu ross emeteru 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY DHMH - 17 Patapsco Ave. ully typeral Homes (VR A15 ME (5))

20M 4/82

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN A MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Donald John Kovalic 29 19 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED 8:47A 5/16/16 66 DEAD 1982 Male Cauc. YRS Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH RTHPLACE (STATE OR MARRIED NEVER MARRIED CREIGN COUNTRY USA DIVORCED Baltimore City WIDOWED 10. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 1, 2, AND 3 TO A 3. RETAIN PA 2 SHOULD BE F TAIRECORDS. Baltimore 3600 Elmora Avenue Steelworker Beth.Steel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3600 Elmora Ave. 13n STATE 21213 Balto. YES X NO [] Md 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME WITH FORM PM IT. PAGES 1 AND 2 DIVISION OF VITA MIDDLE LAST MIDDLE LAST Anna (nee Petro) Andro Kovalic 17 INFORMANT ADDRESS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO Genevieve Kovalic, 3600 Elmora Ave 184-05-0491 TRANSIT PERMIT. P ENTAL HYGIENE, DIV OR REMOVAL. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. OF HEALTH AND MI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 4I CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E3 SHOULD BE DEPARTMENT O NOXX 218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION 214 INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK Inspection X 220 I certify that Look charge of the remains described above, held on Autopsy death resulted from 73 Notural couses Undetermined monner 12/29/82 EXAMINER'S NAME Dennis F. Smyth, M.D. III Penn St. Balto. MD. (TYPE OR PRINT) 238 BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LÓCATION COUNTY STATE 12/31/82 | Gardens of Faith Baltimore, Burial Md. 250. DATE REC'D, BY REGISTRAR 24 FSCM PHREMER Funeral Home, Inc. **DHMH - 17** 3331 Brehms Lane, 21213 (VR A15 ME (5))

20M 4/82

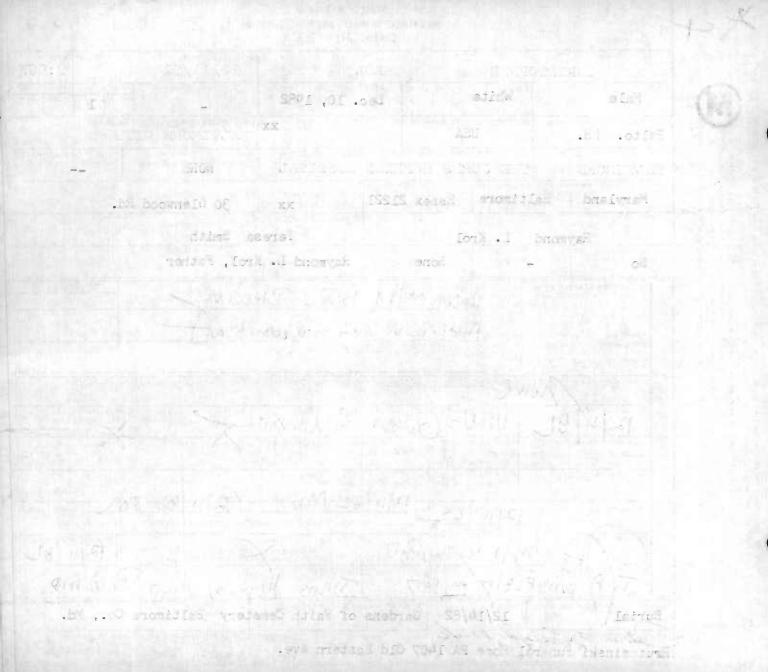
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9 6	5 5	(TYP	OR PRINT)	LSON	Ρ.	KRA	ISF	December 23	1982	9 A
You	o o o	3. SE		4. RACE	•	S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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4 6	FAR	70.B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	
18	1417		PA	US	SA	WIDOWE		Baltimore	City	MI
Br.		10. €	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	128. USUAL OCCUPATION		F BUSINESS OF
-	1.5/	1	Baltimore	Long	Green N	ursin	g Home	Machinist		earch
24 hou	B	13a.	al residence (# nurs de le State Maryland	OUNTY	136. CITY OR TOW Baltima	N	13d. INSIDE CITY LIMITS? YES X NO	3501 St. Pa	ul St. 2	1218
19	2 2	14. F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		
2	1 30)	August	MIDDLE	Krause		Mary	Ellen	Nichols	on
ecut a se	10 1		WAS DECEASED EVER IN U.S		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
	2 2		YES, NO OR UNKNOWN) (IF YI	S, GIVE WAR OR DATES)	213 01 8	3698	Mrs. Nelso	n P. Krause,	S	ame
requires that the	Then please remains to burial, cremains injury, or other the	rion	Caro	DUE TO, O	of the	LU LU	m9.	INAL DISEASE OR CONDITION		
he low	t permit	CERTIFICATION	190. DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		RTIFYING CAUSES	
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NG PHYSICIAN: offending physic	s the bu	MEDICAL	21d. INJURY OCCURRED WHITE NOT WHITE TO NOT	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIN spitol or	for use of Health		22a.l certify that (I) (this saw the deceased alive above, (I) (we) (did) (d	e on 12-	20 10	12.01	nd that in (my) (ear) apinion	, to $\frac{12-23}{12}$ death occurred on the date and		that (1) (we) los couses stated
rat OR A	detached ofe Dept		276. SIGNATURE		man	f me		MEDICAL STAFF DIRECTOR PHYSICIAN	12/c. DATE	SIGNED
HOSPII	should be de with the State		Dr. Alfred		man, M.	D.	1101 St. F	aul St., Balt	o., MD	21202
To refer	₹ ₹ <u>₹</u>	73a.	BURIAL, CREMATION, REMO	VAL 23b DATE	73c. N		EMETERY OR CREMATORY	123d LOCATION	COUNTY	STATE
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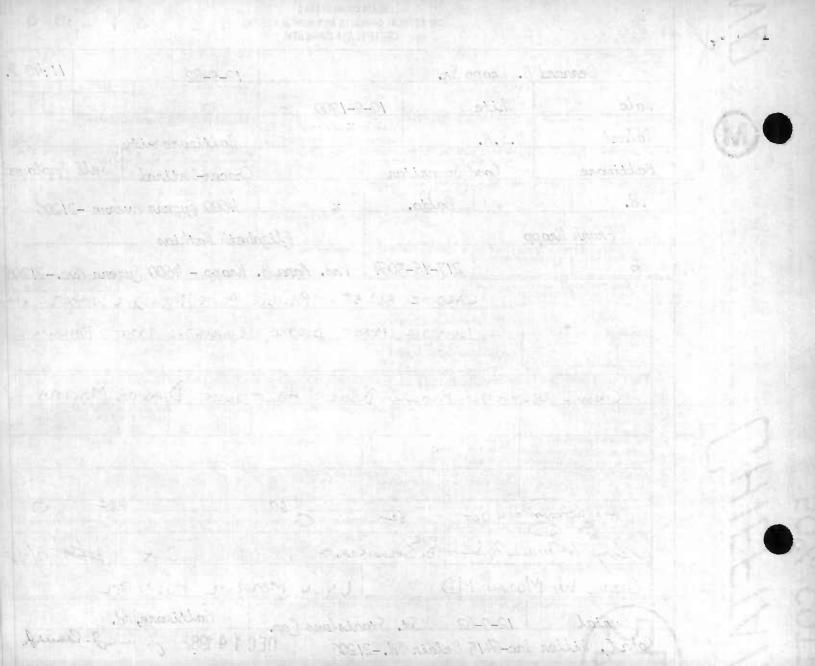
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NO TO THE REAL PROPERTY.		STATE DE SOU	PLTO	BALT	WN	13d. INSIDE CITY LIV		e. STREET ADDRESS	of Lo	CHLAN	1239 (RCCE
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The state of the s		18. CAUSE OF DEATH (Enter of	nly one cause pe	cline for (o), (b), o	and (C).)	~				APPROXIA BETWEEN O	MATE INTERVAL
The state of the s		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	KESP	PATO	RY TAI	LURE				
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OT 400 PM	19	Conditions, if ony, which	DUE 10,4	PULMO		F. BR.	2123				
A de se		gave rise to immediate	(b)_				-0.5				
W # 6500		couse (a), stating the underlying couse lost.	DUE TO, C	OR AS A CONSEQ		4-6.6				L. S. M.	
0 1 2 1 1			(c)_			TASIS					
DS. 2	8	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TO	HE TERMIN	al disease or cont	DITION GIVE	N IN PART 110	
8 1 1 1 7	1 E	19a DATE OF OPERATION	TION CONT	DITION FOR WHIC	H OPERATION	WAS PERFORMED		20a AUTOPSY?	20h JE YES	WERE FINDIN	GS HSED
# 9 538 W	문	THE DATE OF OFERMION	170 00110	on or or write	TO ENAMO	· WASTENI ONNED			UN CERTIFY	NG CAUSES	OF DEATH?
Z 20 1112	1 5	210, ACCIDENT WAS UNDERLYING	215 71145	OF INTERPO		121- HOW BURDY	Occupan	YES NO	YES		NO 🗌
2 2 3 3 3 5 B C	0	OR CONTRIBUTING CAUSE OF DE	110110 1	OF INJURY	DAY YEAR	ZIE HOW INJURY	OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 1B PAR	T 1 OR PART 2)	
0 29 581 /	8	(IF EITHER, NOTIFY MEDICAL EXAMINE		P.M.	19						
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A 20 20 F		above(ID/we) (pid) Jaid n	at view the bod	y offer death.	1	EGREE		W. C. C. C. C.		22c DATE S	SIGNED
A A A A A A A A A A A A A A A A A A A		Wery-	(m)			ATTEN		MEDICAL STAF		15:	17/82
To Hand	1	THE PHYSICIAN'S NAME LIVE	OR PRINT)	6	DATE:	220 ADDRESS		1			
5 5 5 4 8		DR GEORG.	s Lou	J &.		MERC	9/1	USPITA	(
000 A 241 8	23a.	BURIAL CREMATION, REMOVA		-	NAME OF C	METERY OR CREM	ATORY	23d LOCATION			
7000 BP		Burial						CITY OR TOWN	Mars	rinuos bac [z	STATE
Dr	74 F	UNERAL DIRECTOR	Dec.10	0.1902 15	t Stani	slausCeme	25g DATE R	Baltimor			IRF .
DHMH - 16 50M 4/82			100	ADDRESS		24.004	DEC	0 - 1982	Inla	2. Ca	welk
(VRA 15, 4)	M.	F.Šadowski & S	ons, 180	o Easter	n Ave.	21231		9 1002	- au	-7	7/5

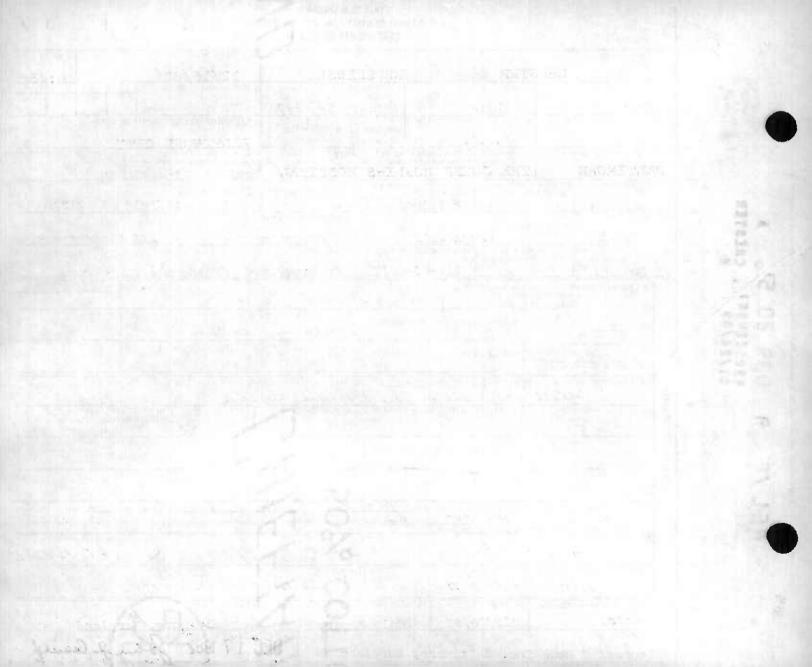
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RICHARDSON	×	+		FOR STATE REGISTRAR			DEPAR	MENT OF	E OF MARYLAND BEALTH AND MENTAL HYO TICATE OF DEATH	GIENE 8 2	3	1 5	6 5		
ICH	\$ 0.4 0.4			CEASED NAME OR PRINT)	RIST	OPHER KROL			20. DATE OF DEATH 12/11/8		DAY YEAR	26 HOUR 9:00P			
)	3. SEX Male			4. RACE White		5. DATE O	o. 10; 1982	6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS GAYS	IF UNDER 24 HRS HOURS MIN.		
S. S.	neath. Po	35	Zo. BIRTHPLACE (STATE OR FOREIGN BALTO. Md. 10 CITY OR TOWN OF DEATH BALTIMORE ISUAL RESIDENCE (IP NURSING HOME OR TOWN OF DEATH AND THE PROPERTY OF THE P			111. NAME OF HOSPITAL, NURSING HO UF NOT INSUCHUACHTY THE JOHNS HOPKES ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS		? 8 MARRIE WIDOW!	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY					
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LETH,	5 5 5 4 1	33						RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 30 Glenwood Rd.					
MARWARET		30	4. FA	4. FATHER'S NAME FIRST RAYMOND L. Krol 15. MOTHER'S MAIDEN NAME FIRST Teresa Smith											
RELEASED NON JAE DEE BRAST THOMAS		Z medicol	16a W	AS DECEASED EVER	IN U.S. AF		None None	URITY NO.	17. INFORMANT Raymond L.	ADDR	200				
		MPORTANT: If them 21 is marked or them 18 shows any injury, as other traumans event, t		Conditions, if ony, gove rise to imm cause (a), stating underlying cause	AS CAUSI IMMEDIA which rediate g the last	DUE TO, OR DUE TO, OR DUE TO, OR (c)	MCON PASSED AS A CONSEQUENCE OF THE PROPERTY O	JENCE OF	Brain Bl My malform	eediwh nhund	INITION CIT		MATE INTERVAL INSET AND DEATH		
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			MET	WHILE NOT WHILE AT WORK 22a. I certify that (1) saw the decease	(this hosp	ital), attended the	deceased from	13/11	d that in (my) (our) opinion	0	02 6	r and from the c			
0000			73u B	2724 PHYSICIANS NA	Vin	FIRIT	MD845	NAME OF CARDENS	ATTENDING PHYSICIAN PHYSIC	PHYSIC STA	CIAND	Bald-r	MD.		
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· · · · · · · · · · · · · · · · · · ·	1.	STATE REGISTRAR			RTIFICATE OF DE		REG. NO.		
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1 4	3. SE		4 RACE	5. D	ATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
4 90		Male	White		10-9-1900	YEAR	82 Y	RS. MONTHS DAYS	HOURS MIN.
10 Or	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8.	ARRIED A NEVER MA	ADDIED T	BALTIMORE CITY OR COL		
(M) 7/		Poland	U.S.A.			ORCED	Baltimore	.:4	MD.
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ithin ithin sh	14. F/	THER'S NAME	WIDDLE	LAST	15. MOTHER'S A		E CONTRACTOR		21200
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		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SO	CIAL SECURITY I	NO. 17. INFORMAN		ADDRESS		
MOR n and Pages	((IF YES, GI	VE WAR OR DATES] 21	7-16-500	34 Mrs. +	Anna B.	Krapp - 4600	Eugana 1	1 2/200
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he foon.	CERTIFICATION						YES NO	ERTIFYING CAUSES YES	NO []
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TTEN pital TOR for u		220.1 certify that (1) (this hasp sow the deceased alive a above, (1) we (did) did no	TITE 4 OCT	19 82	, and that in (my) (a	our opinion de	eath accurred on the date and	hour and from the	couses stated
OR A DIRECTOR DIRECTOR DEPT		22b. SIGNATURE	or view the body offer de	FUR	DEGREE			22c DATE	
1 = 1 + 0 -		Sure h. m.	rem hype		DON KRANITZ ATT	TENDING	MEDICAL STAFF	1 12	17/2/2/8Z
HOSPITAL ned by 11 FUNERAL JID be det on the Stote	1	THE PHYSICAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	TOICIAIT _	DIRECTOR EN THIOTOLIA C	-	1770
		GEORGE W. M	Moran MI)	UNION	Mer	10em Hosf	In -	
Ora Ora MA	23a. I	BURIAL, CREMATION, REMOVAL		23r. NAME	OF CEMETERY OR CR		123d LOCATION		
14/ _{BP}	1	Burial	12082	C.	C	_	Baltimon	e. Myunty	STATE
	24 F	JNERAL DIRECTOR	12=9=02)t.	Stanislaus	450 DALE	REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNA	Carried d
DHMH - 16 50M 4/B2 (VRA 15, 4)		John C. Miller	Inc-6415 Be	tair Rd	21206	UŁ	C14 1986 6	· ····	- The same

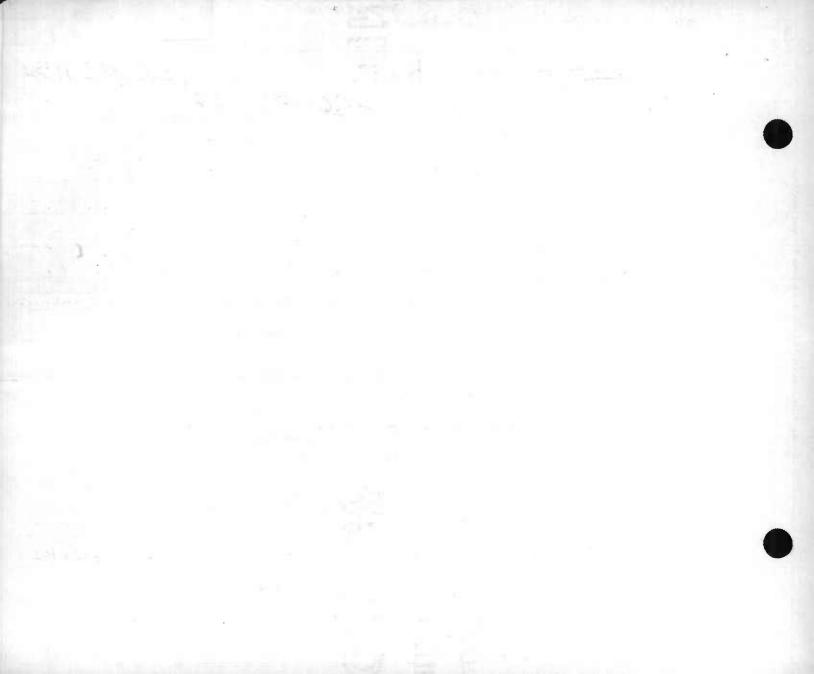




b	1	FOR STATE REGISTRAR			NT OF HEAL	FMARYLAND TH AND MENTAL H ATE OF DEATH	YGIENE 8 2	3	1 5	6 8
		CEASED NAME THE TOTAL A THE TO	May 4. RACE	Y S	LAST UB I	c K IRTH	6 AGE (IN YEARS LAST)	2 28	Y YEAR 92 UNDER I YEAR NIHS DAYS	26 HOUR 11:35 P IF UNDER 24 HRS HOURS MIN.
M	72	MARIACE ISLAND ON TOPICAL OUNTRY PA	U.S.	/\	MARRIED [2 6 NEVER MARRIED ! DIVORCED [make,	City	/- MI
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10	5	THER'S NAME George VAS DECEASED EVER IN U.S. AI	MIDOLE	Dudek 166 SOCIAL SECURIT	15	MOTHER'S MAIDEN I TERLA INFORMANT	WIOOFE	/TOY10	Rad	zcki
ent. Page	100		VE WAR OR OATES)	187-05-55	71 D		Fultz Rt. 1			Leburg,
s signica dy ree ottebausy Then pleate celebrace cash has burial, sremotion, as- njury, or other froumatic	NO	Conditions, if any, which gave rise to immediate couse to stating the underlying couse last	(b)	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE MTRIBUTING TO DE	tic CE OF		RMINAL DISEASE OR CO	NDITION GIVEN	IN PART To	
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24 FUNERAL DIRECTOR Baltimore, Md.

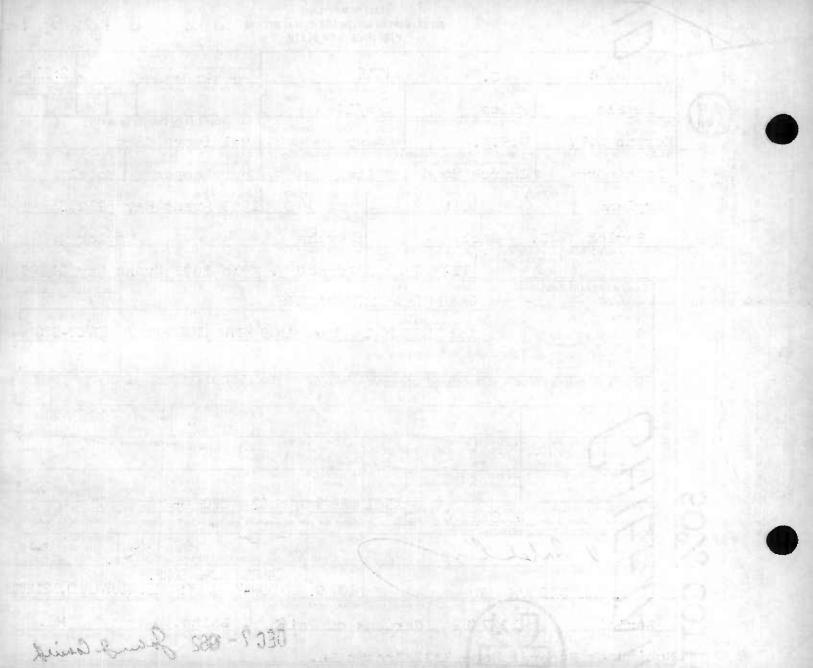
Schimunek Funeral Home 3331 Brehms Ln.

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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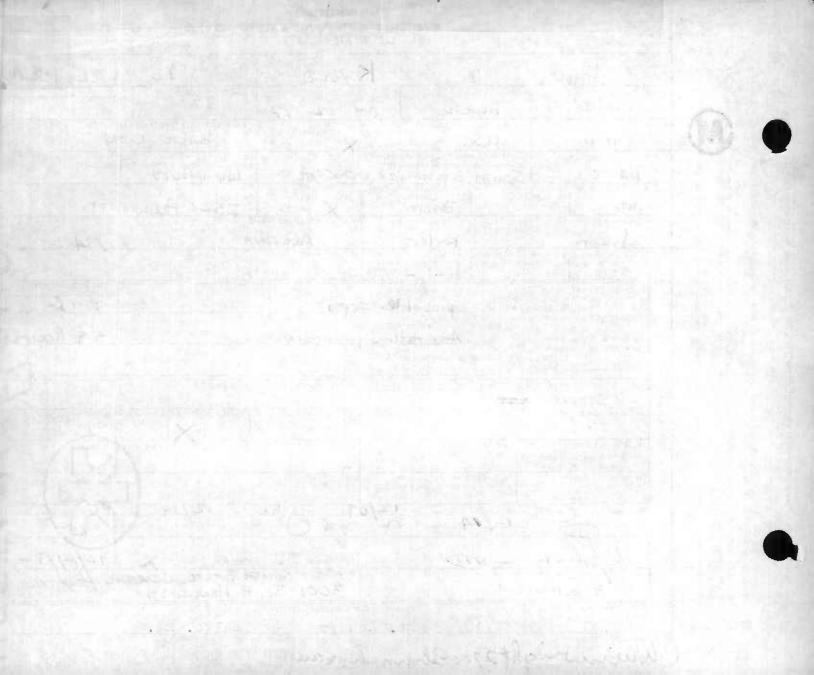


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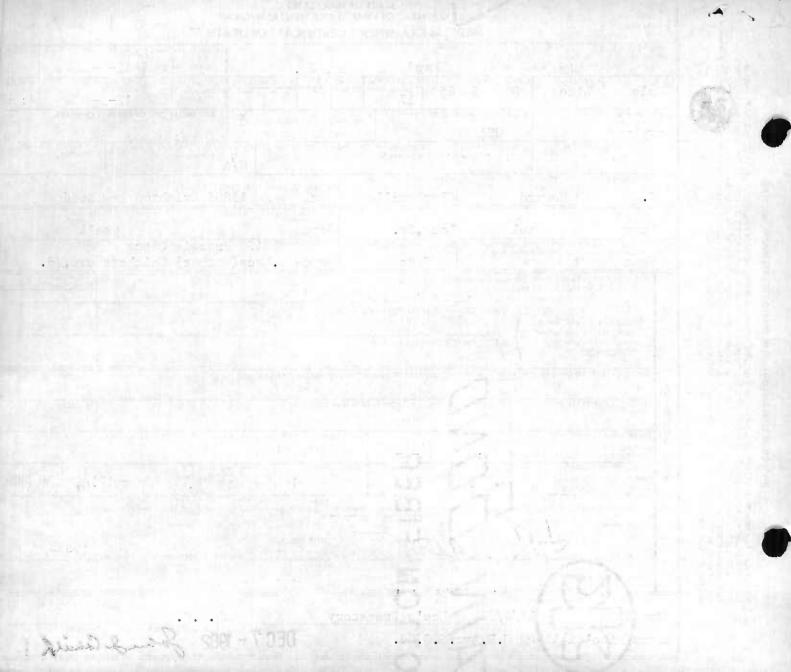
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STATE OF MARYLAND

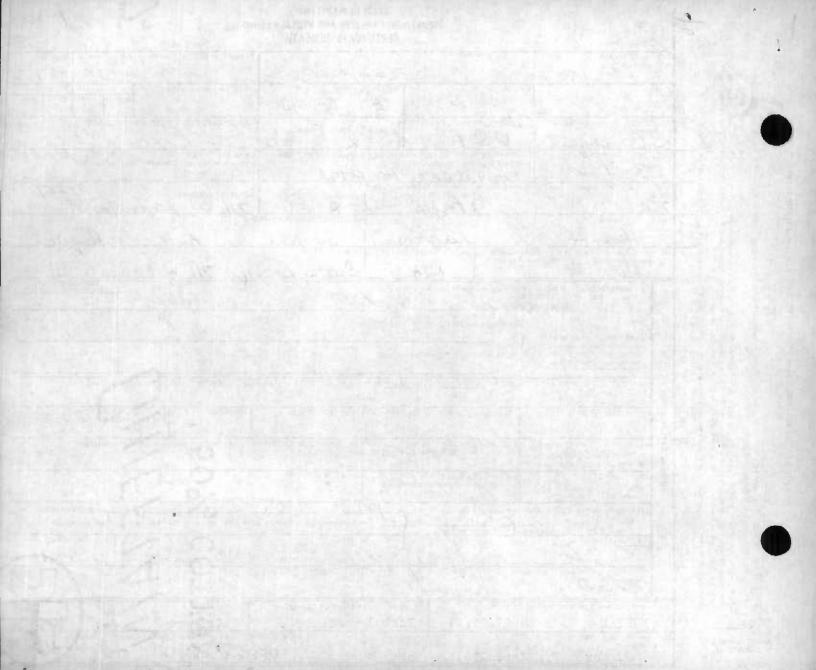
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR . DECEASED NAME FIRST 20. DATE KNOWN KX MONTH Zh. HOUR OF ESTI-Paul 12-3-8210 Harry Lacy. DAY 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 2c. DATE White LAST BIRTHDAY Male PRONOUNCED 12-3-8210 4:2QF 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA DIVORCED WIDOWED CITY OR TOWN OF DEATH KIND OF BUSINESS IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) WHYSVEKET TYSTHUSBS tal OR INDUSTRY Baltimore UAL RESIDENCE (IF IN NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138. STREET ADDRESS
13855 Brighton Dam Road OUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Howard Clarksville YESK 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lacy, Sr. Gsell Paul Harry Joyce 17 INFORMANT19452 Brassie ADP Tace 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Joyce G.Lacy (Mother) Gaithersburg, Md. None None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Gunshotwound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING self/inflicted CONTRIBUTING CAUSE OF DEATH 71 LOCATION ZIE PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC. Brighton Dam Rd. Clarksv°l'l'e, Maryl'ähd WHILE NOT WHILE home TO MEDICAL EXECUTE (VEXECUTE THE CERTIFICATE, VEXECUTE THE CERTIFICATE, VEYER SHOWN THE STATE DEATH, WITH THE STATE DEATH WORKE, MARYLAND, 2 Autopsy X 220. I certify that I taak charge of the remains described above, held on Inspection and in my opinion Suicide X death resulted from: Hamicide | Undetermined manner TITLE (SPECIFY) ACTUAL 12-4-82 Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street Hormez R Guard. M.D. TYPE OR PRINT 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 13c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 12/4/82 Lee's Crematory Wash.D.C. Cremation BP 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Hines/Rinaldi 11800 N.H.Ave.S.S.Md. **DHMH - 17** (VR A15 ME (5)) 20M 4/82



1	FOR	STATE OF MARYLAND	0 0 3 1 5 7 4
+	- STATE	DEPARTMENT OF HEALTH AND MENTAL HYC	GENE O Z
	REGISTRAR 1. DECEASED NAME FIRST	MIDDLE LAST	REG. NO.
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5 Q 3 3 3 7	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION 126. KIND OF BUSINESS OR
is of the state of	Bullimore	Provident Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
212	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	1124 STREET ADDRESS 21217
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TEN Intol	sow the deceased olive at	1) 122 19 Pr. and that in (my) (our) opinion	death occurred an the date and hour and from the causes stated
hosp hosp iREC1 hed f ept. q	22b. SIGNATURE	at) vie√ the bady after death. DEGREE	22c DATE SIGNED
0 0 0 0 0	12. M.O	ATTENDING .	MEDICAL STAFF
PITAL by the IERAL I	22d. PHYSICIAN'S NAME (TYPE	PHYSICIAN [DIRECTOR PHYSICIAN 12/6/12
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1/1/2	230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		23d LOCATION CITY ORTOWN COUNTY STATE
/ / BP		12/27/82 Eastview Mem. Pk.	Baltimore Co. Md.
DHMH-16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECTOR	ADDRESS	TE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(44 4 12 (41)	Wm. C. March F/F	Inc. 1101 E. North Avenue	EC22 982 John & Commy



Tully Funeral Home, 130 E. Fort Ave. Balto. Md.

FOR

REGISTRAR

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DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

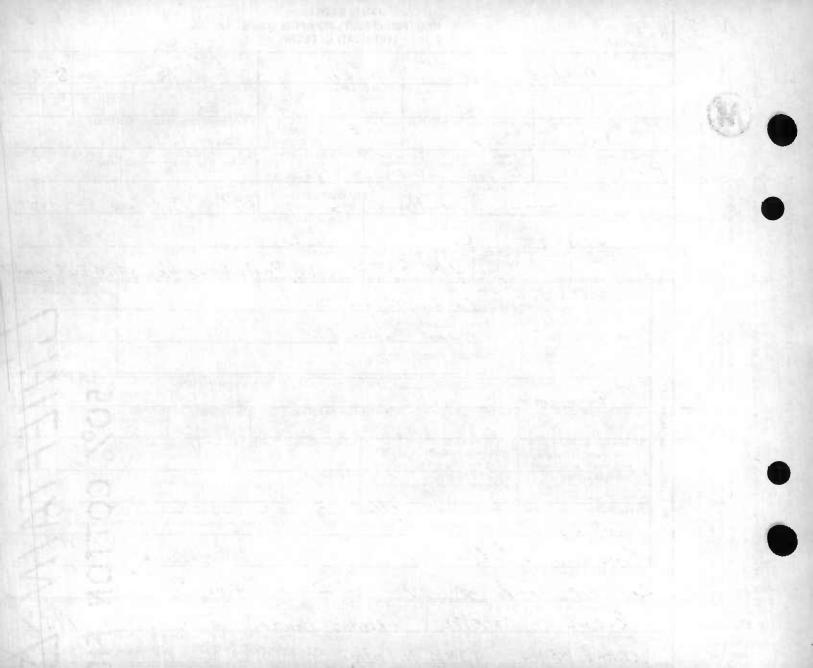
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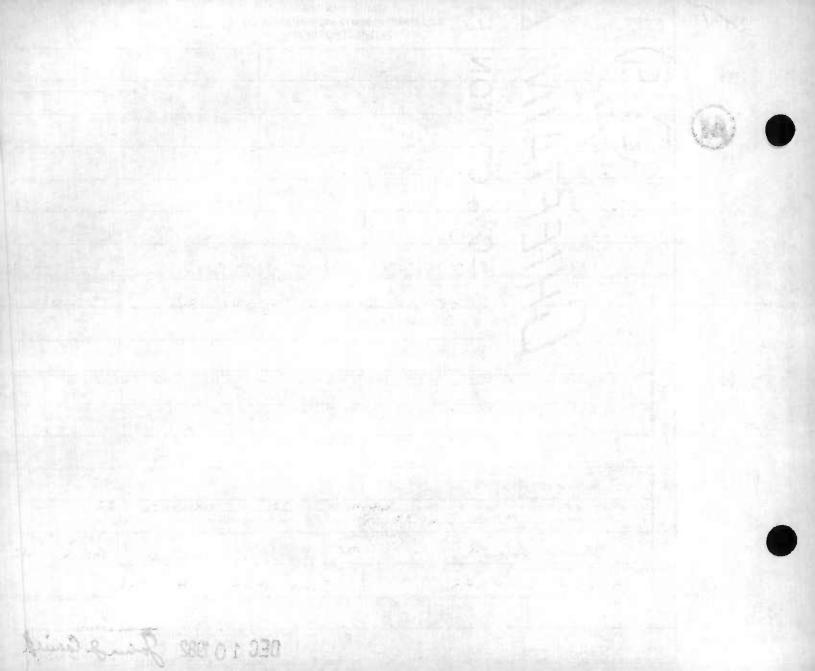
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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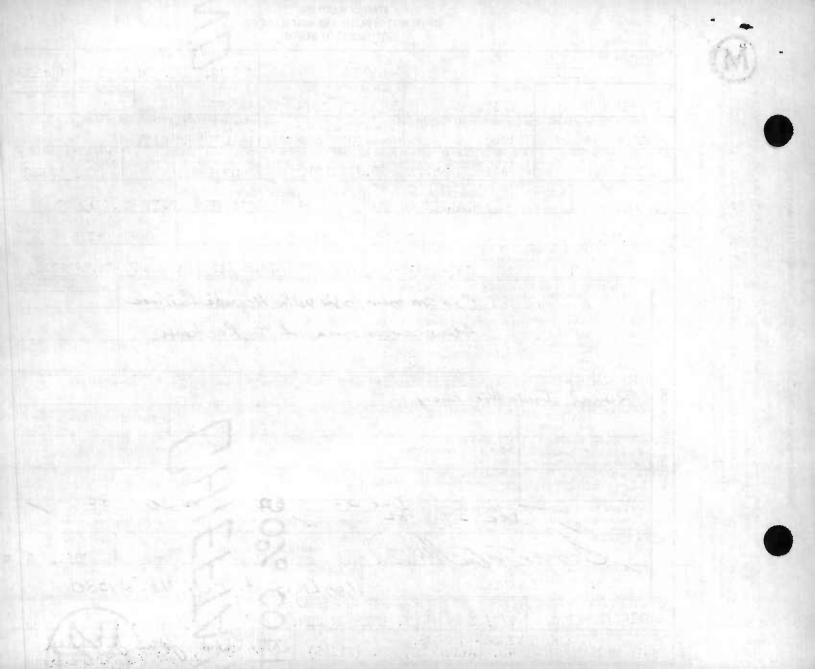
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DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	INERAL DIRECTOR PROBLEM & BALLA	ov 1-348	DORESS V. Cal	hourst DF	TE REC'D. BY REGISTRAR	MEREGISTRAR'S SIGN	shulf.





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	V.	STATE REGISTRAR			CERTIFICATE OF DEATH REG. NO.												
		EASED NAME	FIRST		MIDDLE	l	AST		20. DATE OF	DEATH M		DAY	YEAR	26 HOL	JR		
			Ruth	Pau	line	Lawr	ence				12 2	_	82		М		
H	3. SEX			4. RACE		5. DATE C		YEAR	6. AGE (IN YE	ARS LAST BIRTH		MONTHS	DAYS	IF UNDER	24 HRS		
		Female		B1	ack	3	24	17		65	YRS.						
		THPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER /	MARRIED -	9. BALTIMOR	E CITY OR	COUNTY	OF DI	EATH				
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2		altimore	EATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Culver			TITUTION	12a. USUAL O				KIND O DUSTRY	FBUSINI	ESS OR		
1	130. S Mai	ryland	13b. COU		GIVE RESIDENCE BEFOR 134. CITY OR 10W Baltime	M	13d. INSIDE C	NO 🗆	13e. STREET A		eet	212	29				
	14 FA1	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S	S MAIDEN NA/	WE	MIDDLE			LAS				
		James		Eli	Porte	r	R	uth					Tur	ner			
		'AS DECEASED EVE		MED FORCES?	16b. SOCIAL SECL	JRITY NO.	17. INFORMA	NT		ADDRES	5						
	No				215-14-8201 Alton Lawrence 19 N. Culver							Street					
Н		IS CAUSE OF DEA	TH (Enter or	nly one couse per	line far (o), (b), an	nd (ç).)			,	3/11/22			APPROXI	MATE INTE	RVAL		
		PART I. DEATH		TE CAUSE (a)	Marte	me	, 3 chy	un ,	More	tion	フ						
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		Conditions, if on	y, which	((b)_	Kinch	troll	un	Aty	trey	en:							
		gove rise to in		DUE TO, OI	R AS A CONSEOU	ENCE OF		0									
		underlying cau	se lost.	(c)	atter		roce										
		PART 2. OTHER SIG	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR COND	TION GIV	EN IN	PART 10		8 9		
Ц	CERTIFICATION																
	ICA	19a. DATE OF OPER	NOITA	19b. CONDI	CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUT							'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?					
	RTIF			9 44 6								S NO					
		210. ACCIDENT WAS U	_	216. TIME O	FINJURY M. MONTH D	DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18							PART 2)				
	MEDICAL	(IF EITHER, NOTIFY ME	-		Μ.	19									30		
	(ED	21d. INJURY OCCU		21e. PLACE O	OF INJURY	FARM, ETC.)	21f. LOCATK			CITY OR TOW	н	cc	YINU		STATE		
	1	AT WORK AT W	VORK					100									
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ş		226 SIGNATURE		A .	1		DEGREE	TTT. 10 1. 0		07.455		2:	2c. DATE	SIGNED			
		19	Chap	x Ut	TRM	w		PHYSICIAN &	MEDICAL DIRECTOR	STAFF PHYSICI		1	12-	22.	82		
4		22d. PHYSICIAN'S	NAME (TYPE	OR PRINTI	9		220 ADDRES	is of	0.			237					
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		URIAL, CREMATION	N, REMOVAL			NAME OF C	EMETERY OR	CREMATORY	23d. LOCA	HOLT		COUN	.iTv		STATE		
1	(5	BURIAL		12/27/	82 A	rbtus	Memori	al Pk.	Arbi	utus			*11		Md.		
-	24. FU	NERAL DIRECTOR		100				25a. DAT	REC'D. BY RE	GISTRAR 2	b. R & ST	RAR'S	SIGNAT	4	7		

DHMH - 16 50M 4/B2 (VRA 15, 4)

NAME 1101 E. North Avenue Wm. C. March F/H Inc.

ments (sovietical) etc. The summer of the state of the

Wm. C. March F/H Inc. 1101 E. North Avenue

MIDDLE

- STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH-1650M1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

13

YES [

COUNTY

82

COUNTY

BY REGISTRAR 256. REGISTRAR'S SIGNATU

22c. DATE SIGNED

12/14/82

STATE

82

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

Carey

IF UNDER I YEAR

20 DATE OF DEATH

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12/13 - EE

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12-06-82

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

- STATE

REGISTRAR I. DECEASED NAME

BURIAL

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MEADOWRIDGE MEM. PK.

21229

2s. DATE OF DEATH MONTH

ELKRIDGE

2b. HOUR

LAST

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Anthony Leonard l ee 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY LAST SIRTHDAY) PRONOUNCED DEAD 19 82 Black 29 YRS 10 - 12 - 53ам BIRTHPLACE (STATE OR & CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ONE ON COUNTRY 力 Baltimore City, WIDOWED [DIVORCED Marvland USA 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore University Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1038 Hollins Street YESX Balto. Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Lyles Lee Barbara Leon 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-58-4548 Gregory Lee 2506 W. Fairmont Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple stab wounds DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DED TO THE CHIEF MEDICAL EXAM 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MEI 1 PRICK TO BURIAL, CREMATION C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR WAR MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR 11 30,82 CONTRIBUTING CAUSE OF DEATH 10:40 Subject stabbed 21e PLACE OF INJURY (AT HOME. 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 1300 Blk. W. Lombard St. Baltimore City, Md. on street X 270. I certify that I took charge of the remains described above, held an Inspection Suicide Homicide Undetermined manner death resulted fram TITLE (SPECIFY) 12/1/82 Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 23d. LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE 12-7-82 Mt. Auburn Cem. Balto. Md. 250. DATE REC'D. BY REGISTRAR REGISTRAR'S SIGNATURE **DHMH - 17** 1982 DEC Brown/Thompson F.H. 1913 W. Balto. St. (VR A15 ME (5))

20M 4/B2

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- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

STATE

STATE

26 HOUR

HOURS

126 KIND OF BUSINESS OR

NOUSTRY LAME

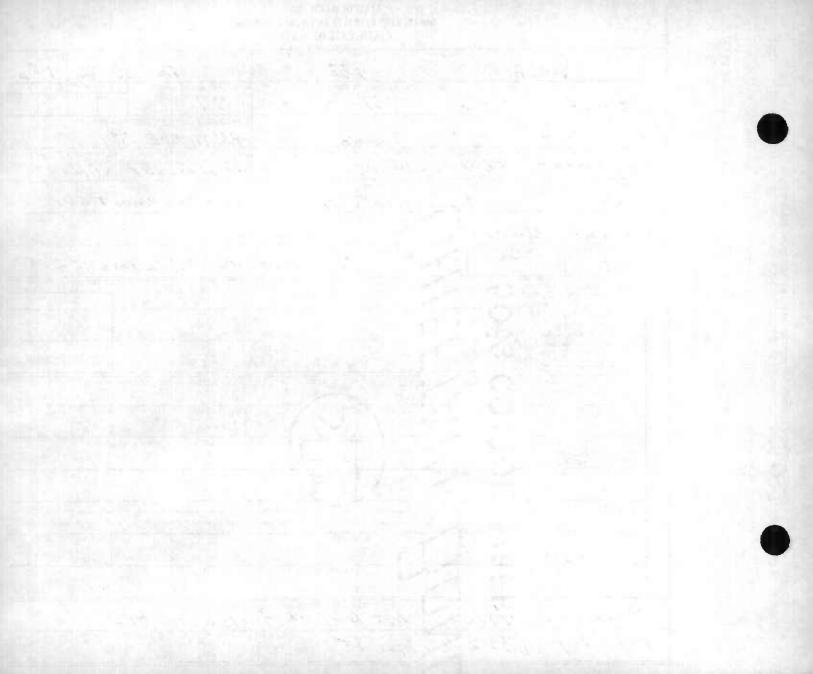
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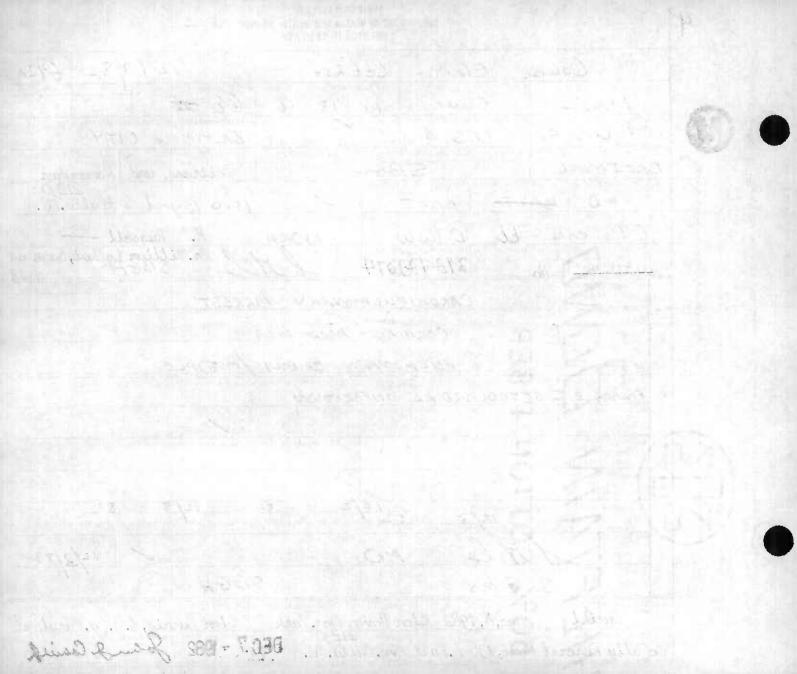
COUNTY

22c DATE SIGNED

IF UNDER I YEAR

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE





STATE OF MARYLAND CERTIFICATE OF DEATH

5. DATE OF BIRTH

WIDOWED

LEVIN

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 20. DATE OF DEATH MONTH SAT. DEC. 25,1982

IF UNDER I YEAR

2b. HOUR 9:35 PM

6. AGE (IN YEARS LAST BIRTHDAY)

MAR." 22, DAY 1913 EAR 69

MARRIED XXNEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12a. USUAL OCCUPATION

12b. KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE

HOME (21208)

10 CITY OR TOWN OF DEATH BALTIMORE

BIRTHPLACE (STATE OR FOREIGN

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

1. DECEASED NAME

FEMALE

MARYLAND

MARYLAND BAPTIST AGED HOME WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

4. RACE

WHITE

USA

GIVE RESIDENCE BEFORE ADMISSION BALTIMORE PIKESVILLE

136. INSIDE CITY LIMITS? YESAT

13e STREET ADDRESS (21208) 29 STONEHENGE CIRCLE APT. 4

15. MOTHER'S MAIDEN NAME

MIDDLE

14 FATHER'S NAME **ABRAHAM**

MARYLAND

MIDDLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

COHEN

DUE TO, OR AS A CONSEQUENCE

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME STREET FACTORY OFFICE FARM ETC.)

SARAH

WHITEMAN

160. WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN)

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying couse last.

21g. ACCIDENT WAS UNDERLYING

216 INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive an above, (I) (we) (didn(did nat) view

230. BURIAL, CREMATION, REMOVAL 236. DATE

FIRST

FANNIE

76. CITIZEN OF WHAT COUNTRY?

16b. SOCIAL SECURITY NO. 215-01-5954

17. INFORMANT

ADDRESS

(21208)

MR. GEORGE COHEN 29 STONEHENGE CIRCLE APT.

uac agry chimia

20a AUTOPSY?

a	an	ten
De	011	0

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED 71b. TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

8

19

211. LOCATION

NOT

and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated

X DIRECTOR PHYSICIAN

CITY OR TOWN

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22c DATE SIGNED

12/28/82

COUNTY

BALTIMORE, BALTIMORE, MD.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

22b. SIGNATURE

CERTIFICATION

P

22d. PHYSICIAN'S NAME (TYPE OR PRINT) KARMACHANADRA NAIR 228 ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

PHYSICIAN

DEGREE

2425 EUTAW PL. BALTIMORE, MD.

73d. LOCATION

MEDICAL

12/29/82 ANSHE EMUNAH

250. DATE RECID.

BY REGISTRARI256 PEGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

BURTAL

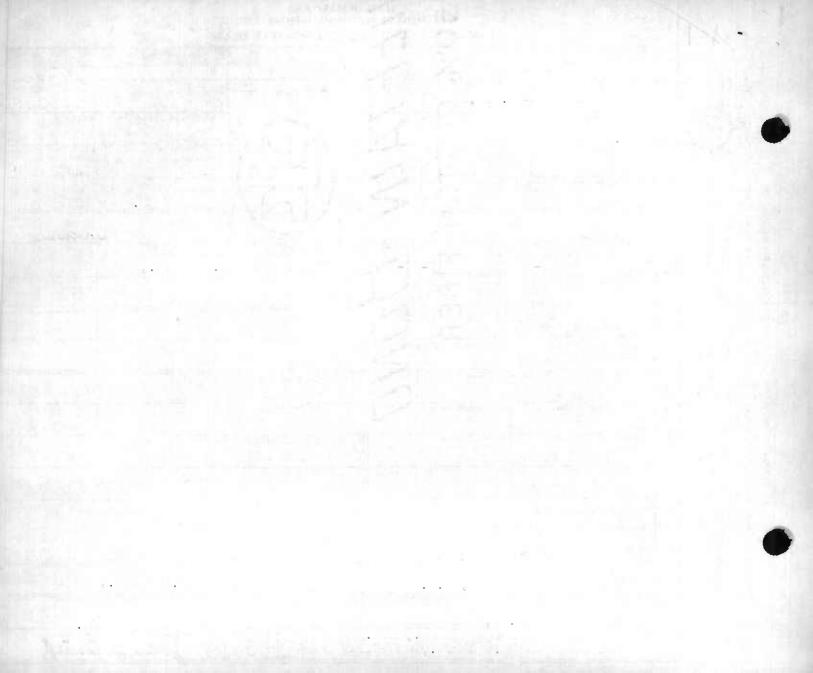
24 FUNERAL DIRECTOR SOL LEVINSON & BROS.

22a.1 certify that (1) (this haspital) attended the deceased from

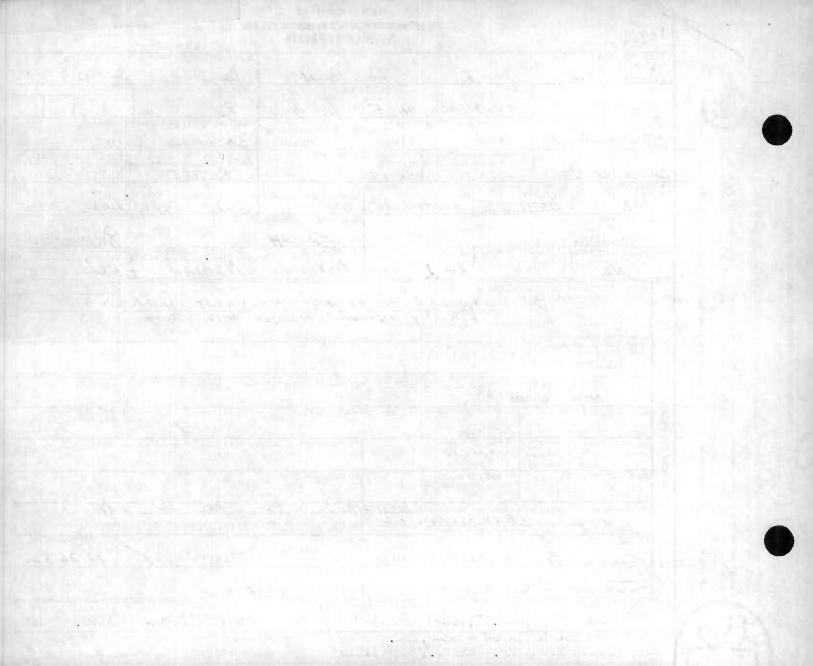
6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

Cardia . Ottaglimia Larrow order chiefe

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG NO . DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-ISRAEL LEVINE DEATH MATED 1982 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER) YR. IF UNDER 24 HRS DATE 95ZBIRTHDAY) APR. 15, 1890 PRONOUNCED MALE WHITE 27, 82 DEAD 76. CITIZEN OF WHAT COUNTRY? 7a. BIRIHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX REIGN COUNTRY) PENNA, WIDOWED [DIVORCED USA BALTIMORE CITY ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY BALTIMORE SINAI HOSPITAL CLERK PILOTS ASS'N SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 7054 SURREY DR. MARYLAND BALTIMORE YES X #21215 NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE **MORDECAI** LEVINE **EDITH** UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. MARTIN WASSERMAN YES WWI-ARMY 217-34-7660A 7054 SURREY DR. BALTO., MD 21215 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO XX 21a. EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 12/28/82 DATE SKINATURE MEDICAL EXAMINER 111 PENN ST. EXAMINER'S NAME HORMEZ GUARD, M.D. BALTO., MD AFTER I (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BURIAL DEC.29,1982 | BETH JACOB ANSHE VESHEAR ROSEDALE SOL LEVINSON & BROS., INC. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR DHMH-17 6010 REISTERSTOWN RD. ADDRESS. MD VR A15 ME (5) 15M 2/80



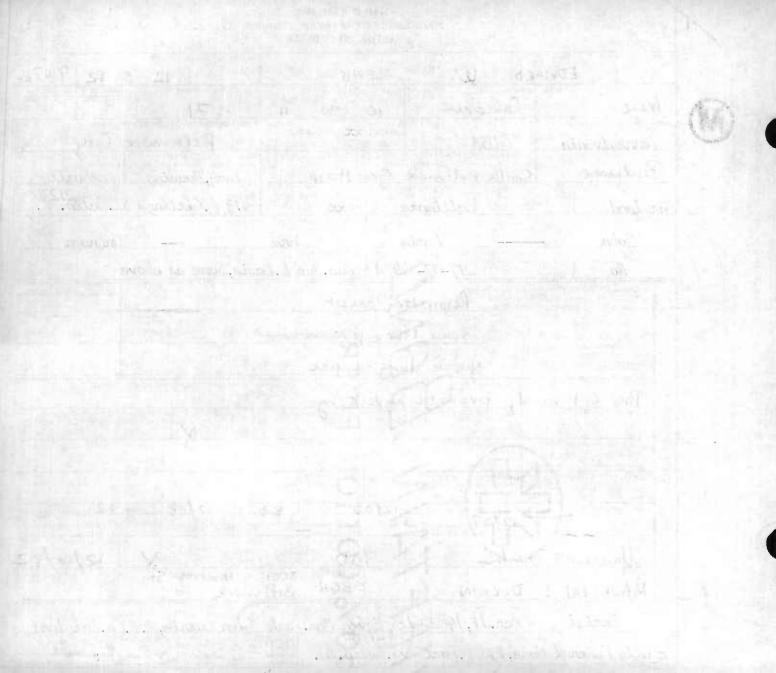
ISOURCE STATE STAT	4. RACE WHITE CAUCASIA 16. CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE SIBER (IF NOT INSTITUTION GIVE RESIDENCE BEFO OUNTY 13. CITY OR TO WATHER WAYNER LEVINSO S. ARMED FORCES? 166. SOCIAL SEC	** B. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NO ORCED NO	134 SEVANOCCUSTICUTES 134 SEVANOCCUSTICUTES 134 STREET ADDRESS AP 3615 FURDS AME MIDDLE	Ciry
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DEMANDE (STATE OR FOREIGN SQUNTRY) D. CITY OR TOWN OF DEATH BALLIMORE (IF NURSING HOA 30. STATE BENJAMIN 131. CENTROLOGY (YES, NO OR JUNIOWN) 18. CAUSE OF DEATH (Enter PARTI. DEATH WAS CA	MHITE CAUCASIA TO CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE TOUNTY MIDDLE LEVINSO S. ARMED FORCES? 166. SOCIAL SEC S. GIVE WAR OR DATES) 167-12	** ** ** ** ** ** ** ** ** ** ** ** **	1. BALTIMORE CITY OR COUNT BALTIMORE 1. BALTIMORE APPLICATION 1. BALTIMORE APPLICATION 1. BALTIMORE APPLICATION 1. BALTIMORE APPLICATION AME MIDDLE	TY OF DEATH CATY CTUBE KIND SSOCKEAT JEWISH CHARI T. 409 S. LANE 2/3/3 RICHMOND
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OR COLUMN THIS CALLER O			(ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAL		19		
21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OF TOWN	COUNTY STATE
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITTORTOWN	COUNTY STATE
		1000000 2/ Fo	162 3/	Ph
220.1 certity that (I) (this h	haspital) attended the deceased from	92-	10_000	, 19, that (I) (we)
above, (1) (we) (did) (di	id not) view the body after death.	and that in (my) (our) apinion	n death accurred on the date and ha	our and from the causes state
22b. SIGNATURE	1 1	DEGREE		226. DATE SIGNED
1	4 // 0.11	ATTENDING	MEDICAL STAFF	12.26.82
	e (filling from		DIRECTOR PHYSICIAN	19-4087
THE PHYSICIAN'S NAME (T	TYPE OR PRINT)	1		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate the executed entering a hour of the death certificate that secrificate has been signed by the ottending physician and completely filted in the ast the buriol-transit permit. Then please remove carbompopers Page 1 and 2 should be she had mental hygiene prior to buriol, cremotion, or removal. Or seed or from 18 shows any injury, or other traumatic event, the medical experience or the action of the property of		VAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	16 09 1	940	William B	URKE 51	IALMO	ND ST.	21221
ALT Sicho		18 CAUSE OF DEATH (Enter o		e for (a), (b), ah	d (c).)			7.1.1	APPROXI-	MATE INTERVAL ONSET AND DEATH
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by thot		underlying cause last	(c)							
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OR AT or hosp DIRECT oched fr Dept. or		226. SIGNATURE	ar, view the body an	er death.		DEGREE			22c. DATE	
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1/05/25/3	23a	SUPIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d ACATION		-1 110.	040114
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DHMH - 16 50M 4/82	24 #	ONERAL DIRECTOR	, your file	11-401	25.	250. DAT	E REC'D. BY REGISTRAR	25b. 986 15 TR	ARE SIGNAT	URE
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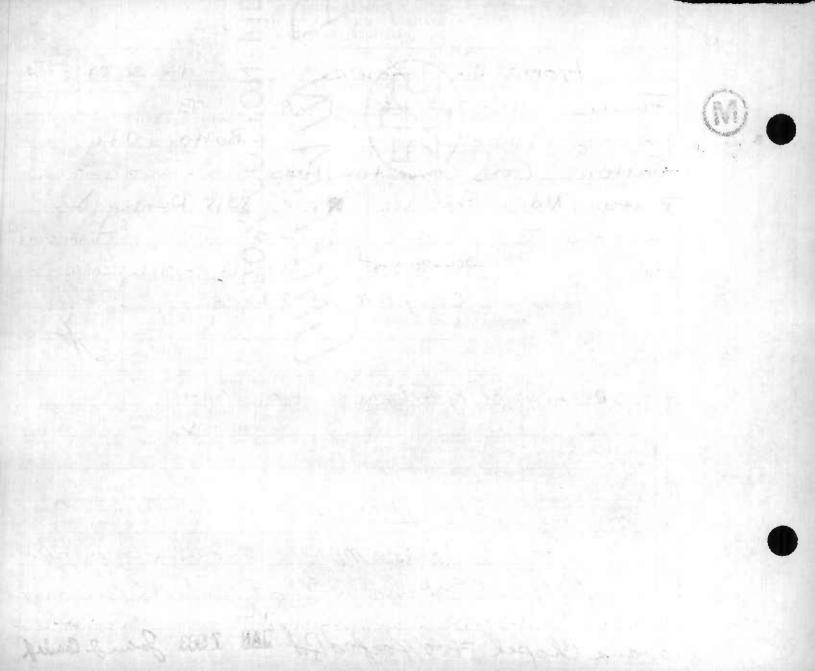


DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYO	GIENE 8 2	3	1 5	9 5
		CEASED NAME FIRST OR PRINT)	orie s	MIDDLE	Le	Wis	20 DATE OF DEATH	MONTH DAY	0 /	HOUR 50AM
	3. SE)	Emile	4 RACE	iTI	5. DATE C		6 AGE (IN YEARS LAST BE	YRS	NIHS DAYS HO	UNDER 24 HRS
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3	3	CITATE ITEM	DUNTY	PARKY		13d. INSIDE CITY LIMITS? YES NO 1	83.15 H	Junes	y D	<u>. </u>
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4		(IF YES	GIVE WAR OR DATES	999-9	0 824	-219-20-	6212 FA	mily 1	RECORDS APPROXIMAT BETWEEN ONS	
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2	CERTIFICATION	190 DATE OF OPERATION	185 Pathic	hype,	H OPERATIO	X Sabaori	200 AUTOPSY? YES NO NO	20b. IF YES, V	VERE FINDINGS	
7	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (1F EITHER NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED.	DEATH HOUR A	M. MONTH	DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	1 OR PART 2)	
	MEDI	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE	4.3	STREET STREET	CITY OR TO	OWN 10	COUNTY	STATE
		22a. I certify that (I) (this has sow the deceased alive above (I) we) (did) at 22b. SIGNATURE	1 1 / 7	. /	82 [.01	nd that in my) (our) opinion				
1		22d. PHYSICIAN'S NAME (TY	pe or print) bent	C St	iescop	ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSI		Ballo	20/82
	B	SURIAL, CREMATION, REMOVES SPECIFY OF ALL	1-3-	1983		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	in BA	TO - NA	RYLANC

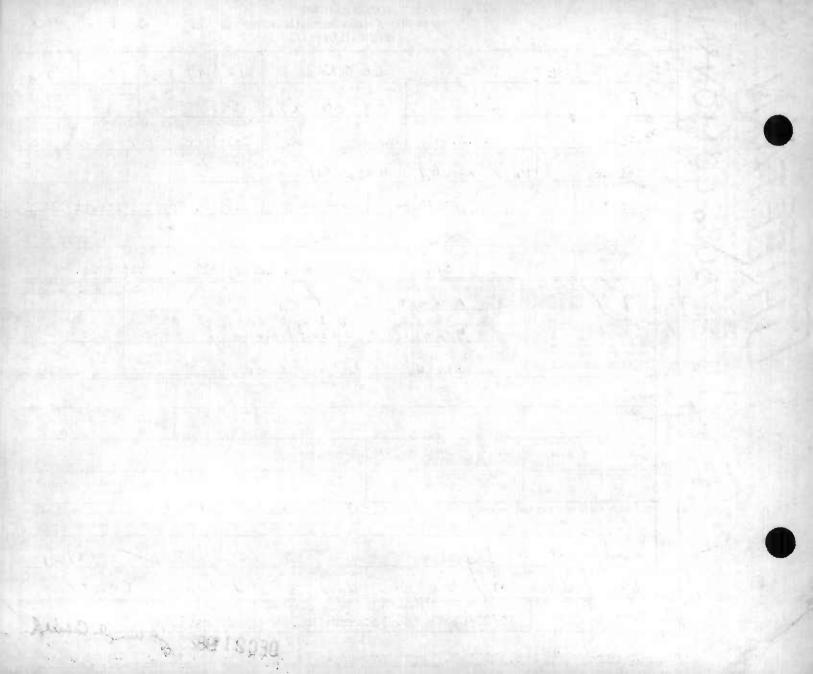


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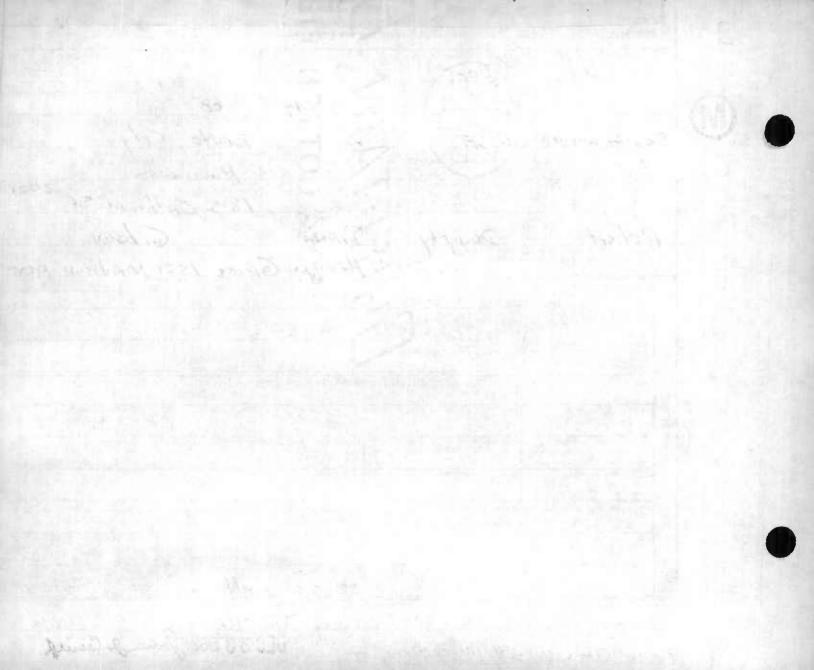
(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME LAST 20. DATE OF DEATH HINOM 2b HOUR (TYPE OR PRINT) Hazel W15 3 SEX 4 RACE 6 AGE LIN YEARS LAST BIRTHDAY DATE OF BIRTH IF UNDER I YEAR negro a BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED BALTIMORE WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY BALTIMORE SOUTH BALTIMURE GENERAL ADSP LINUAL RESIDENCE (IF NUR HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS AMILE ARUNDEL KILEN BURME 36 8 MONTICELLO CT YES [NO P 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16b SOCIAL SECURITY NO 5. GIRS MO SBGH (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 12 7555 UNENOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Carello pulmonum IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 **IFICATION** 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO CERT 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER) fte 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE FARM ETC.) AT WORK NOT WHILE 12/29 22a.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on_ 12/30 82 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22r DATE SIGNED * ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME LIVE OF PRINT 22e ADDRESS IMPORT, 5BGH 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c MAME OF CEMETERY OR CREMATORY 23d LOGATION (SPEC(FY) STATE Cremation Westview Cem. 250. DATE REC'D. BY REGISTRAR 256 DHMH - 16 50M 1/81

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	1	FOR - STATE	DE		HEALTH AND MENTAL HY	GIENE 8 2 3	1371
./		REGISTRAR	R DEFE	CERTI	FICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	,	LAST	20. DATE OF DEATH MONTH	AY YEAR 26. HOUR
1		INE	L		EWIS	12/19/82	2:50AM
A	3. SE	X	4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
10			\ \D	MONT		5 5 YRS	ONTHS DAYS HOURS MIN.
BAYO	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY?	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1		Georgia	U.S.A.	WIDOW		Baltimore City,	MD.
300	(f). C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
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37.	14. F	ATHER'S NAME FIRST	MIDDLE LA	61	15. MOTHER'S MAIDEN NA	AME	
400		Luther	Phel		Lucinda	WIDDLE	Watson
1 800		VAS DECEASED EVER IN U.S. AL	RMED FORCES? 165 SOCIA	SECURITY NO.	17 INFORMANT	ADDRESS	
2/		No	N/	A	Alfonso R. I	Lewis 2111 W. Faye	ette St.
t, th		18 CAUSE OF DEATH Enter o	nly one cause per line for (a),	(b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even		PART I. DEATH WAS CAUSI	TE CAUSE (o) Sre	east	Canernoma		
otic		1749	DUE TO, OR AS A CON	SEQUENCE OF	-	•	
was o		Conditions, if any, which	((b) Hep	gtic	Insuffic	iency.	
ert		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			
r oth		underlying cause last	(c) Rev		Insuffice	encv	
lury, o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	T NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1 o
671	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
9	IFIC	ETA HILL RESEARCH			THE PERIOR DIVINED	IN CERTIFY	ING CAUSES OF DEATH?
8	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INTURY OCCUP	YES NO YES	
=4		OR CONTRIBUTING CAUSE OF DE				TEMPER MATORE OF HAJORI PATTERN TO, PA	N. I OKPANIZI
1/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
ked	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
mor		22a.l certify that (I) (this hosp	ital) attended the deceased	from 12	-18 19 8 3	2 to 12-19	9 8 2, that (i) (we) lost
21 is			17 - 19 bit view the body ofter death.		nd that in (my) (our) opinion	death occurred on the date and hour	and from the causes stated
E .		226 SIGNATURE	ot) view the body ofter death.		DEGREE		22c. DATE SIGNED
# H		Lowerence	m dran		ATTENDING PHYSICIAN	MEDICAL STAFF	12/14
AN AN		22d. PHYSICIAN'S NAME (TYPE)	OR PRINT)		22e ADDRESS	DIRECTOR PHYSICIAN	1 7/3
MPORTANT: II		Lawrence	MU SI	6MAN	Univ of	Md Cancen	Center
N N	23a. E	BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION	
		SPECBURIAL	12/23/82		eteran Cem.	Crownsville	COUNTY MED
A 1/81	24 FI	UNERAL DIRECTOR	ADI	DRESS	25a. DA	TEREC 2 T 198 PAR 256 PAS 19 PA	ARSOGNATURE
4)	Wm	. C. march F/h	Inc. 1101 E.	North Av	enue	1502-800	



	135			STATE OF MARTLAND			1 60 50
. 2	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MEN CERTIFICATE OF DEA	0 114	313	9 9 61
		REGISTRAR		CERTIFICATE OF DEA	REG.	NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
9 Pe	1	Leatha	(Louis)	Lewis	12/	25/82	920
you pund	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE LIN YEARS LAST	-1-	R IF UNDER 24 HRS
4 E	J. 3L			MONTH DAY	YEAR	MONTHS DAYS	
0 0 0		temale	Black	6 29	14 68	YRS	
TIME L	70 B	IRTHPLACE (S'ATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARE	9 BALTIMORE CITY	OR COUNTY OF DEATH	
£ 1/2	15	tourt - mantiala	1150	WIDOWED DIVOR		City	MD.
P 17 2 4 6	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR!	SING HOME OR OTHER INSTITUT		ATION 126 KIND	OF BUSINESS OR
# # 24		Rolto	HE NOT IN SUCH FACILITY, GIVE STRE		TYPE OF WORK FOR MOS		
		DETTO.	Bon Selour		A Guse	was	
hoo ho	30	AL RESIDENCE (IF NURSING HOME OR C	TY 136. CITY OR TO		IMITS? 13e STREET ADDRES	S .	2/22
No 242		Md.	· james	YES NO	_ ////	witherine ?	56
the state of the	14 F	ATHER'S NAME		IS MOTHER'S MA	IDEN NAME	FILMENT	
3 12 40/	b	0 - K 1 "	MIDDLE	FIRST	/ MIDDLE	1-1	AST
		CODEFF	poughty	VIHHA	ADI	DRESS ON DOON	
die die		WAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	CURITY NO. 17 INFORMANT		/RESS	
E 22 21			216-0	14-6411 HERMA	N GROSS 1:	521 MANIS	6N1 AGY
AL de C		18 CAUSE OF DEATH (Enter only	y one cause per line for (a), (b),	and is		APPRO	DXIMATE INTERVAL N ONSET AND DEATH
fico physical man,		PART I. DEATH WAS CAUSED	BY: CAAS		T	20,000	ONSCIANODEAN
L ST		3 1 2 IMMEDIATE	E CAUSE (a)				
PRESTON he deoth c me attendin me ton, or r freumotic		3951	DUE TO, OR AS A CONSEC	UENCE OF	ENCEPHALOP,	a mar a bar d	
dec		Conditions, il any, which	(b) ANOKI	C 13CHEMIC	ENCEPHALOPI	+1179	
. = = = 0 0		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	LIENCE OF			
by by oth		underlying cause lost	(-)				
20 es t pled pled , or		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINIAL DISEASE OF CO	NOTION GIVEN IN PART I	la
sign sign hen hen hen hen hen	Z		ONDITIONS CONTRIBUTION	O DEATH DOT THOT RELATED TO	THE TERMINAL DISEASE OR CC	ALDITION ON EN INTAKT	
law requi	CERTIFICATION	190 DATE OF OPERATION	IN CONDITION FOR WALL	CIL COED AT ION LINE S DEDECOR	Ton AUTORCVO	TANK IF MES AMERICANIO	01001100
low de production	O.	DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORME	D 20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
	E	3			YES NO		NO 🗌
VITAL N: The hysicion roast p. Hygier P. Hygier 18 shov	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Y OCCURRED (ENTER NATURE OF IT	NJURY IN ITEM 18 PART I OR PART 2)	
A THE THE WAY	¥	OR CONTRIBUTING CAUSE OF DEAT	In .	DAY YEAR			
DIVISION OF DIVISION OF TOTH OF PHYSICIA Wher this certificate the buriol-th and Mentol th and Mentol orked or hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE OF INJURY	19 211 LOCATION			
PH tend the the	WE		(AT HOME STREET, FACTORY OFFIC		CITY OF	R TOWN COUNTY	STATE
So the start of the sorke		WHILE NOT WHILE AT WORK					
A A A S A A S A A A A A A A A A A A A A		220.1 certify that (1) (this hospital	ol) ottended the deceased Iran	1	9, to		, that (I) (we) lost
TTEP Porto for of H	100	sow the deceased alive on abave, (1) (we) (did) (did not	19	, and that in (my)-(our) opinion death occurred an the	date and hour and from th	e causes stated
A A hossy		22b. SIGNATURE		DEGREE		22¢. DAT	TE SIGNED
T T Doch		1 Shaws	Endalu M.D			TAFF _/ IA	12=162
RAIL del tote			7,00		SICIAN DIRECTOR PHY	SICIAN	123/02
d be STA	16	22d PHYSICIAN'S NAME (TYPE OR		22e ADDRESS	11		
TO HOSPITA retoined by TO FUNERA should be do with the Stol	133	D. SHAMS	MIDDIN	2000	W. RALLIMOR	e 5+	7.1223
5 g 5 g 3 g 1	23a.	BURIAL, CREMATION, REMOVAL	123b. DATE 23	. NAME OF CEMETERY OR CREM			
11116		(SPECIFY)		1 1	CITY OF TOWN	County	Allany
BP	24.5	BURIBI	12.31.82	TT CIP/UPTY	CEN BAMIN	100c	Ma
DHMH - 16 50M 1/B1	24 F	UNERAL DIRECTOR	ADDRESS		L'THE PRESENTED BY TOOST	Dad G G	ture A
(VRA 15, 4)	B	ROWN-Thomasen	1 F.H. 1913 WIT	Ralks ST.	DE0 0 0 1005	a man la	may



requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the altending physicion and completify tilled in by the should be detached for use as the buriol-transit permit. Then please remave carbonpapers. Pages 1 and 2 thaulit but the state Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayol.

injury, or ather traumotic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

-	1.	FOR STATE REGISTRAR	DEPARTM		ICATE OF DEATH	IENE G & REG. NO	0	1 -3	
	I. DE	CEASED NAME FIRST	MIOOLE	L	AST			DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	ARIE JANE L	EWIS		1	216	2/82	10 25
	3. SE)	<u> </u>	4. RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTI	(VAO)	IE UNDER I YEAR	IF UNDER 24 HRS
	F	EMALE	COL L	OCT.	19. 1889	93	YRS.	MONTHS DATS	HOURS MIN.
d	Mr. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY OF			
2		MATINTOREMINE	U.S.A.	WIDOWE	DIVORCED [BALTIMORE			MI
1		IY OR TOWN OF DEATH BALTIMORE	UNTON MENOR'S ATETA	HÖSPI		TOME MA	WORKING LIF	12b. KIND O INDUSTRY	OF BUSINESS OF
1	3g S		TY 130 CITY OR TOWN		13d. INSIDE CITY LIMITS?	Me STREET ADDRESS	st.	Recis	Rd
1)	Daniel	HODLE JIMES		15 MOTHER'S MAIDEN NAM	beth MIDDLE		Lewi	3
2		(IF YES, GIV	MED FORCES? 166 SOCIAL SECUR WAR OR OATES) 218-09-8	1805	Mrs. Amy C	ARDRES Color	s 275	t. Rea	is Rd
	76	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and	(c).)				APPRO I	MATE INTERVAL
		PART I. DE ATH WAS CAUSE	1100	001	failure.				20 4 4
1		5860 IMMEDIA	TE CAUSE (o)		100.			7	00
			DUE TO, OR AS A CONSEQUE	NCE OF					
	-	Conditions, if any, which	(b)						
		couse (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF					
d	100	underlying couse lost	(6)						
		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT PELATED TO THE TERM	INAL DISEASE OR COND	ITIONICIN	(ENLINI DART 1	
	NOI	Congestive	- heart failur	٠,	1-0 A	sease	IIION GIV	EN IN PART TO	,
1	CA	190 DATE OF OPERATION	19b. CONDITION FOR WHICH O	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
	CERTIFICATION	none				YES NO	YE		NO [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 1B P	ART 1 OR PART 2)	
	N C	(IF EITHER NOTIFY MENGLEXAMINER		19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE, FA	RM, ETC }	STREET	CITY OR TOW	N /	COUNTY	STATE
		saw the deceased alive an	13) ottended the deceosed from 19 8	<u>2</u> , or	11(30 , 19.8 Z		e and hou		that (I) (e) los couses stated
	1	22b. SIGNATURE	Tiview the body offer deom.	- 1	DEGREE			22c, DATE	SIGNED
		Da	- E Komo		ATTENDING	MEDICAL STAF		12	16/82
		22d. PHYSICIAN'S NAME (TYPE O	- 11	-Q1 VI	22e ADDRESS				
	04	Dane B	E. King		Union Men	unial Hos	proble		
	23n B	LIPIAL CREADATION DEMOVAL	1225 DATE 122. N	AME OF C	EMETERY OR CREMATORY	1224 LOCATION			1

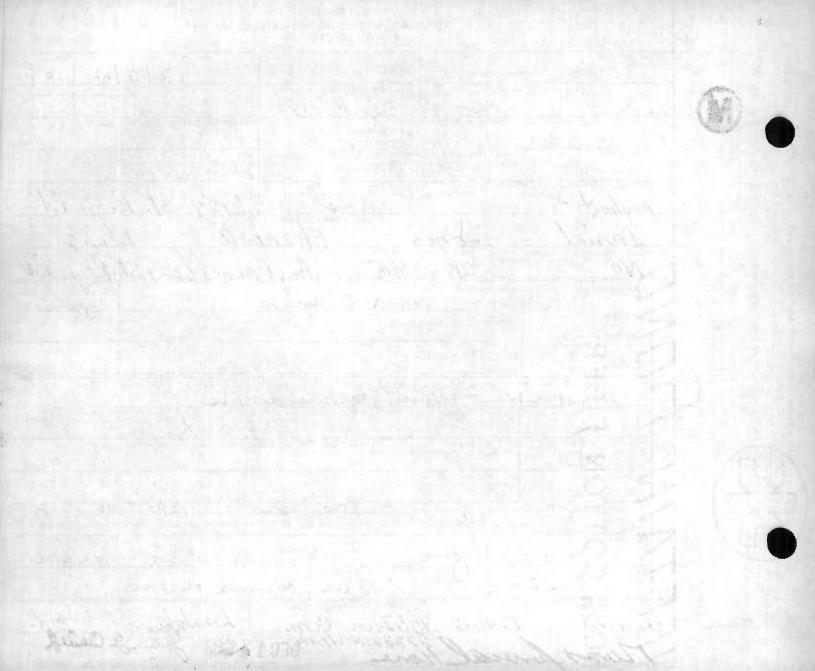
HMH - 16 50M I / B1 (VRA 15, 4)

ATTENDING PHYSICIAN: The low

O HOSPITAL OR

etoined by the hospital or attending physician.

222W, No. 1119 DATE REC'D BY REGISTE



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR

(VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item

DHMH - 16 50M 1/B1 (VRA 15, 4)

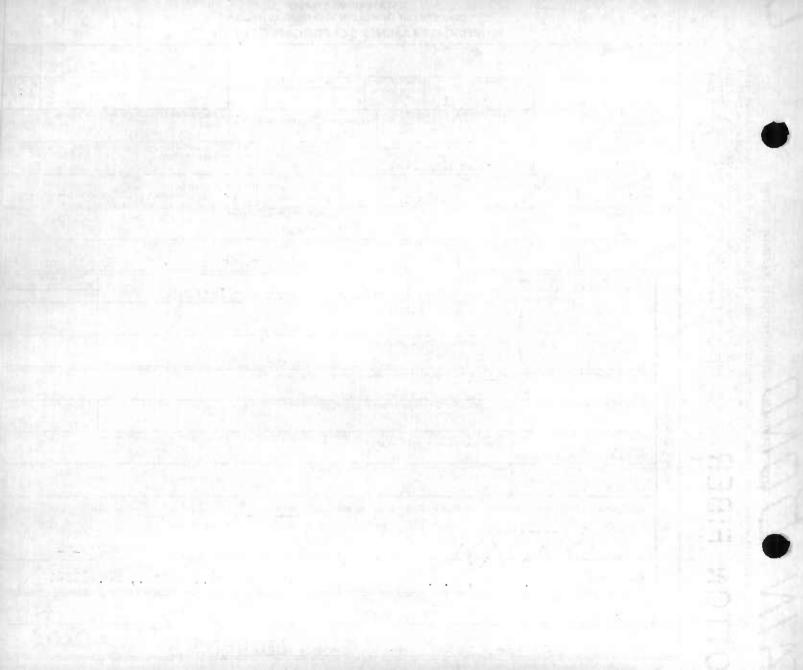
	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
	CERTIFICATE OF DEATH	
-	TA A	

- STATE REGISTRAR	DEPARIMEN	ERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	WIDDLE	Light	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
MALE	RACE 5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
COUNTRY)	11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUN BALTO 1126. USUAL OCCUPATION	MD. KIND OF BUSINESS OR
BALTO 1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDR SBGH IER INSTITUTION GIVE RESIDENCE BEFORE ADM	ESS)	PETILED WORK FOR MOST OF WORKING	DONINO SUGAD
Ad Belo.		13d. INSIDE CITY LIMITS? YES NO (1) 15. MOTHER'S MAIDEN NO	120 2 he Aul.	Balto, Ud
WAS DECEASED EVER IN U.S. ARME	Light	UNENOU	WIDDLE	LAST
ES NO OR UNKNOWN) [IF YES, GIVE W	AR OR DATES)	361 R. RISCO,	114	HANOVER ST.
PART I. DEATH WAS CAUSED B PART I. DEATH WAS CAUSED B IMMEDIATE C Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last	1/0/ 01 12 0	tory failure	RIOR FOSSA KNOWN	APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATM
PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEA		20a AUTOPSY? 20b. IF Y	FIVEN IN PART 11a YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{YES} \)
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM TI	
22a 1 certify that (I) (this hospital) saw the deceased alive on obove, (I) (we) (did) (did nat) vi 22b. SIGNATURE	1211 19 8	2, and that in (my) (aur) opinian	to 1211 deoth accurred an the date and h	19.82, that (I) (we) last our and from the causes stated
R. KISCO	M.D.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/1/82

R. Risco M.D. S. HANOURR St. BALLO. Md 3001

1 2 82 3		THENAT		3363	
	(A)	3.1	W		
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EW. 658	E MANORALIS				
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Tar aview(a e 1966)		A The	9-39 A 62-5		

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			REGISTRAR CEASED NAME	FIRST	MI	MIDDLE	EXAMIN	IEK 2	EKIIFIC	AIEC	T DEA	I II	REG.						
			E OR PRINT)			MIDDLE			20. DATE KNOWN MONTH OF ESTI-						DAY				
	PLEASE ECTOR. ? FILES. HOURS STREET,			CLINT					LIGON DEATH MATED 12							19 82	M		
	ARY, PLEASE, DIRECTOR, COUR FILES.	3 SEX		I. RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YE			HOURS HOURS		RONOUN	CED	MONTH	DAY	YEAR	10:30		
	ON 200		ale	Black	4 15			RS.				DEAD		12	3	1982	ам		
- 1	销品产品		RTHPLACE (STA	ATE OR	76 CITIZEN OF V		NTRY?	8. MARR	IED NEV	ER MARR	EDXX	BALTIM	ORE CITY	OR COUN	ITY OF E	DEATH			
	HE STATE		/irgini		USA			WIDOW		DIVORC				e City		12	MD.		
		10. CI	TY OR TOWN C	F DEATH	11. NAME OF HO	FACILITY GIVE		E, OR OTH	ER INSTITUT	NOI		AL OCCUP OST OF WORK		YPE OF WORK		ND OF BU			
	A PAR POR	1	Baltimo		Luthera	n Hos	pital												
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AD.	NEW YORK	14. E/	ATHER'S NAME		WIDDLE		LAST		15. MOTHE	R'S MAIDE	NAME	MI	DDLE			LAST			
	2.05 354 11	1	John		7710000	L	igon			sie		7711	DOLL			£431			
O¥	FORM ON O	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?		CIAL SECURIT	Y NO.	17. INFORM	TNAM			ADDRES	SS					
BALTIMORE	URS AFTER DEA 8. GIVE PAGES WITH FORM IT. PAGES I AN DIVISION OR	1	No	(# 125, 0142	WAR OR DAIES)	22	9-01-4	1424	Rona	ld A	rmst	rong	916	5 N. A	lage	eto	n St.		
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S	0-024.		PARTIDEA	TH WAS CAUSE	D BY: TE CAUSE (o) Ar	terio	sclero	tic c	cardio	vascu	lardi	isease	Э		BEIV	VEEN ONSE	AND DEATH		
PRESTON	ALOI PGIE OVA		42	12		R AS A CO	NSEQUENCE	OF					200	155		Control	718.11		
×	ANS NL H			, if any, which															
	SE LE		cause (a) s	tating the under-		R AS A CO	NSEQUENCE	OF											
201 W.	XECUTED WITHIN JG" IN PENCIL IN AL EXAMINER A BURIAL - TRANSIT AND MENTAL HY ATION, OR REMC		lying couse	e last.	(c)														
DS,	CERTIFICATE SHOULD BE EXECUTED NITING THE WORD "PENDING" IN PEI DED TO THE CHIEF MEDICAL EXAMBED TO THE CHIEF ABDICAL EXAMBED SHOULD BE USED AS A BURRAL-THE DEPARTMENT OF HEALTH AND MEN IN PRIOR TO BURAL, CREMATION, O		PART 2 OTHER SIGN	HIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT REL	ATEO TO THE TERM	WINAL DISEAS	E DR CONDITION	GIVEN IN PA	RT 1 (a).								
RECORDS,	S A A REA	NO																	
	ZE EN A SE A	CERTIFICATION	19a. DATE OF C	DPERATION	196 CONE	ITION FOR	WHICH OPER	RATION W	AS PERFOR	MED?					20. A	UTOPSY?			
VITAL	SHOULD ORD "PE CHIEF A E USED A TOF HEA	1 E													,	res 🗆	KI ON		
OF V	N H N N N N N N N N N N N N N N N N N N	E E	21a EXTERNAL		216. TIME C		DAY VEA		OW INJURY	OCCURRE	D (ENTER NA	ATURE OF INJU	JRY IN ITEM I	BPART I OR PA	ART 2)				
N	SHOOT W		UNDERLYING	G CAUSE OF		M. MONTH M.	DAY YEA	K											
DIVISION	GERTING JED T 3 SH DEPA	MEDICAL	21d INJURY O		21e PLACE	OF INJUR	(AT HOME,		CATION							-			
5	WARDE WARDE PAGE 21201	Z	WHILE AT WORK	NOT WHILE	STREET, FA	CTORY, FARM,	ETC.)		TREET			CITY OR TOW	/N	cc	YTAUC		STATE		
	R: THIS CERTIFICATION TO SEWARDED TO REPAGE 3 SHOTE STATE DEPARTOR TO SERVICE STATE DEPART					2 1 1				Inspection									
	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV L DIRECTOR: P H, WITH THE SI MARYLAND,				ge of the remains d			Autop		-	_	Inquiry		and in my a	pinion				
	RTIF REC ITH RYL		death resulted	d from: Notu	rol causes 🗘	Accident	LI, Su	Jicide	, Hamic		Undeter	rmined mo	nner	,					
	ECERTION OF THE WILL BIRE		ACTUAL	1111	() K	1			D ASS I					DATE	12	-3-82			
	SHE SHE		SIGNATURE_	1111	XXX			M	.D. <u>ASS I</u>	STAIL	MEDIC	CAL EXAM	INER	SIGN	ED 12	2 02			
	S C C C C C C C C C C C C C C C C C C C	-	EXAMINER'S	Ann Ann	M. Dixon	M.D.				111 F	enn S	St.,	Balto	o., Mo	d. 2	1201			
	TO MEDICAL E) EXECUTE THE CI PAGE 4 SHOUL PAFTER DEATH, A BALUMORE, M	73n R		ION, REMOVAL			NAME OF CE	METERY	R CREMATO			CATION							
11 h	1.	(3	SPEC (FY)	O. T, KEMOVAL		20				/ N 1			110	COU	INTY		a.		
(GU	9 BP		BURTAL UNERAL DIRECT	OR		1 2	ion H	111		250. DATE I	REC'D. BY	rmvi. REGISTRAI		GISTRAR'S	SIGNAL		4		
	DHMH - 17 (VR A15 ME (5))		NAME		ADDRE			1.		DEC		1982	15/2	an	2 C	chiel	2		
	20M 4/82	W	m.C.Ma	ren F/F	Inc.1	LOIF	Nort	n Av	enue	DE	, ,	IJUL	10		/				



(VRA 15, 4)

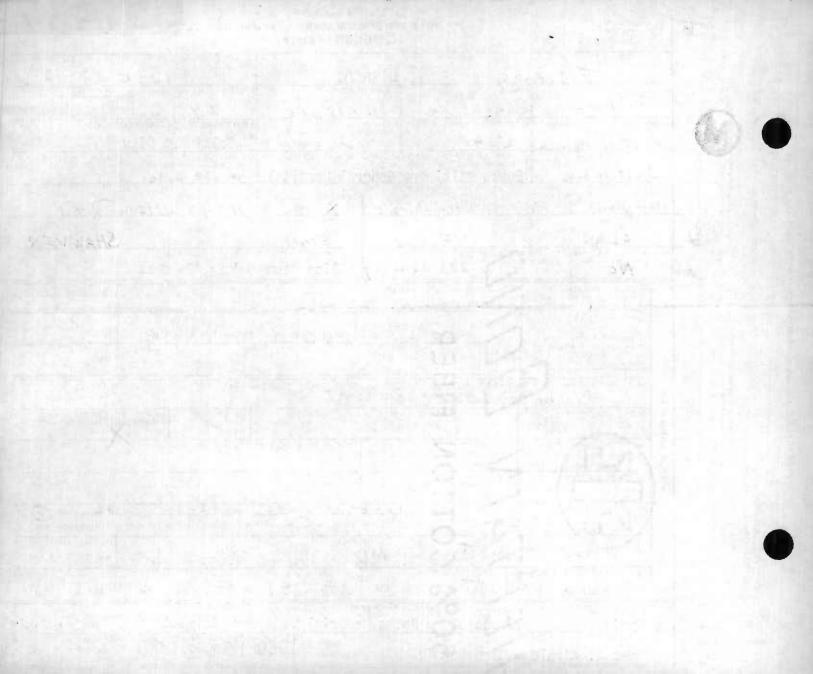
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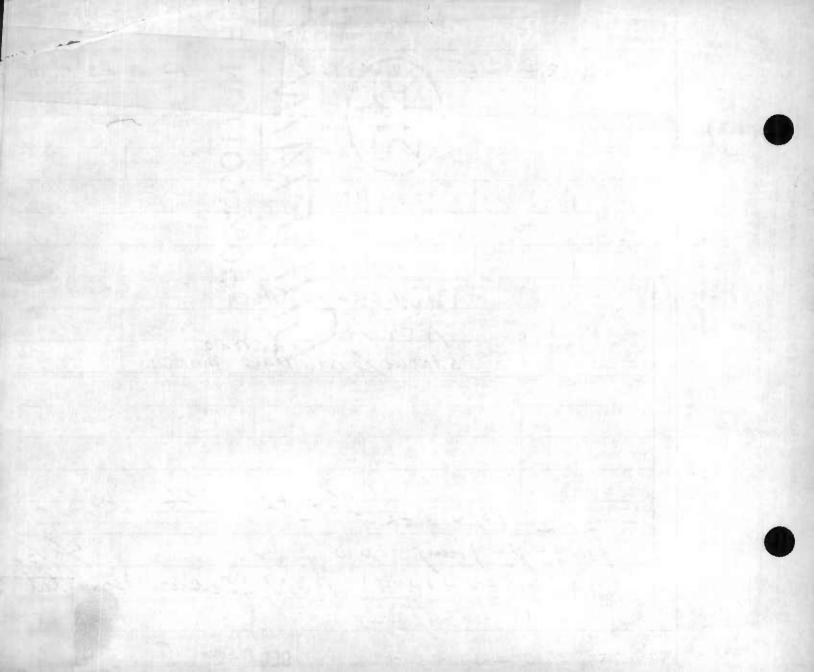
/				STAT	E OF MARYLAND	4	
10	1.	FOR - STATE	DEPA		HEALTH AND MENTAL HY	SIENE 8 2	3 1 0 0 6
1		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	,	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
2 " f	[TYP	E OR PRINT)	70		aka Lipinsky)		A
6 00	1.58	HARRY	P. I4 RACE	LIPIN	SKI OF BIRTH	DECEMBER 30 6. AGE (IN YEARS LAST BIRTHDAY)	1982 11 • 48M
# 85 F	1.36		4 KACE	3. DATE	H DAY YEAR	O. AGE (IN TEAKS LAST BIRTHDAT)	MONTHS DAYS HOURS MIN.
- 5 8 6		Male	Caucasian	Nov.	4, 1894	88 Y	RS.
TO PROPERTY.	In B	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	RY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
THE PARTY OF THE P		ryland	U. S. A.	WIDOW		D3= ======	MD
1 H 1		ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION			IM OSUAL OCCUPATION	CITY KIND OF BUSINESS OR
. B. t. to 27	D Z	ALTIMORE	THE TOUNG	THE JOHNS HOPKINS HOSPITAL			NG LIFE) INDUSTRY
			R OTHER INSTITUTION, GIVE RESIDENCE BE		2 HOSPITAL	Crane Operate	western Elect
H . 10 D	13a.	STATE 13b. COU	NTY 13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
H . 13 P	I.	laryland	Baltim	ore	YES 🔣 NO 🗌	1717 Gough St	reet #21231
K H I	14. F/	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	LAST
KOREI ICE		Peter	Linin	eki	Josephine		Fabiszak
1 1 1 1 1	16a V	VAS DECEASED EVER IN U.S. AF		10000	17 INFORMANT	ADDRESS	100102011
DR	- 0		IVE WAR OR DATES)	1400	Tools M. Marala	Andre a v	Street #21231
1 1 5 5 J	_	No	215-10		Jean I. Turk	os- 1717 Gough	
BY BY		18 CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b), ED BY:	and ici.1	10011	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 1 2 d d d			TE CAUSE (O) CARD	IAC	ARREST		
日間を		5729	DUE TO, OR AS A CONSE	OUENCE OF	. 1		
D IN THE		Conditions, if any, which	(b) DN		onia 1 6	Jenses	
OWN		gove rise to immediate cause (a), stating the					100 100 000
PROVA XAMIN XAMIN by the others as remove to L. cremitlen.		underlying cause lost.	DUE TO, OR AS A CONSE	DUENCE OF	228	V	
DA TEM TEES 9		DADE O CHIED CHEATER	(c) (d)	77			
A TONG	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	L DEATH BU	O RELATED TO THE TERM	VINAL DISEASE OR CONDITION	GIVEN IN PART 116
CAI	18		rup trac	100		Too all TODGYO Tool	EVEC WERE ENION OF THE
	IFICATION	190 DATE OF OPERATION	CONDITION FOR WH	ICH OPERALIC	ON WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
A AMERICA	E					YES NO	YES NO
SE SE	8	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
A DE TOPE	3	OR CONTRIBUTING CAUSE OF DE	AID	19			
A Same of the	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION		COUNTY STATE
A The same	E	HILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	CE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
2 × × × × × ×		AT WORK		11.1	12 10 82	10 12 130	, 19 82, that X (we) lost
22 832 =			pital) attended the deceased fro			, 10	
F 4 5 2 5 6			n 12 20 19 ON view the body after death.		The man is a second	my your	hour and from the couses stated
# # 8 # D #		22h SIGNATURE	1, 7		DEGREESTATION APPR	MED BY MEDICAL EXPRINE	22c. DATE SIGNED
4 4 4 4 4 4		Suran	Mac Donal	X.	MY ATTENDING PHYSICIAN [MEDICAL STAFF	12/30/82
E STATE TO	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	4.4	220 ADDRESS Tohn	s Hopkins Hospi	+-7
HOSS ound b ould b		Susar	~ MAC DO	nold		coadway - Balti	
58 533 3	230	BURIAL, CREMATION, REMOVAL	L 23b. DATE 2	31 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	ullore, 190, 21205
2000		(SPECIFY) Burial	- 4000		Rosary	CITY OR TOWN	COUNTY STATE
OF 1 OF			Jan. 3, 1983	HOTA		Baltimore Co	
DHMH - 16 50M 4/B2		UNERAL DIRECTOR	ADDRE	Se a .		TE REC'D. BY REGISTRAR 256. RE	PISTRAKS SIGNATURE
(VRA 15, 4)	G	eorge A. Weber	& Sons Inc 7	Jo S. Ar	in St.	AN 3 1983	shing landy

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6	1	- STATE REGISTRAR '	DEFARI	CERTIFICATE OF DEATH	REG. NO.	
		ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	1,,,,,		nce	Livery	12-	· 10-82 1217 DN
135	3 SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 MRS
		timale	Cancasian	MONTH DAY YEAR	6 4 YRS	MONTHS DAYS HOURS MIN.
A	300 B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	
S.	the	lest Virginia	USA	WIDOWED DIVORCED	Baltimore Ci	itv
2/	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS II	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
33	1	Baltimore		e General Hospital	HOUSE wite	S LIFE) INDUSTRY
be	USU 13a		ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		
37	.0	aryland A			13e. STREET ADDRESS	son Road
ine	14. F.	ATHER'S NAME		15 MOTHER'S MAIDEN N	AME	ROLA
	P	ADAM	Tarm	ETHP!	MIDDLE	SHAWWER
0		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECT		ADDRESS	DIMININE /
medi		YES NO ORUNKNOWN) (IF YES, GI	VE WAR OR DATES) 233-34	-67/7 Ellen Baum	gardner, Same as	: 13
the the			nly one couse per line for (0), (b), ar			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent		PART I. DEATH WAS CAUSE	TE CAUSE (0) Cardia			BETWEEN ONSET AND DEATH
of re		4100 IMMEDIA				EVERY EVALUATION
UMO.		Conditions, if ony, which	DUE TO, OR AS A CONSEOU		heart block	
ir tro		gove rise to immediate cause (a), stating the)			
othe		underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF		
y, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	SIVEN IN PART 110
in la	N O	Ceroho	vascular a	cardent	MILLION CONDITION	ZIVERY IN TAKE 110
oux	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 206. IF	YES, WERE FINDINGS USED
ows ony	Ĕ					TIFYING CAUSES OF DEATH? YES NO
18 shov	l H	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM T	
or Item 1		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
or II	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
orked	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC } STREET	CITY OR TOWN	COUNTY STATE
E			ital) attended the deceased from_	12-6 10 82	- to 12-10	10 82 that (I) (wallest
21 is			12 - 10 19_ t) view the body ofter death.	82, and that in (my) Cour opinion	n death occurred on the date and h	our and from the causes stated
E		226. SIGNATURE	view the body ofter death.	DEGREE		22c. DATE SIGNED
*		Anna V	sames	M.O ATTENDING	MEDICAL STAFF	12-10-82
Ž-	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	100 10 0
T AND TAN		ANNA E	BARNET		HANOVER ST, B	AUTIMORE, MD
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OF CREMATORY alms Memorial Ceme	23d. LOCATION etery Sarasota	Florida
1	24 F	UNERAL DIRECTOR		25a DA		
		James S. Kirkle	ey, Glen Burnie,	MD 25E	TE REC'D. BY REGISTRAR 256 BEG	a. 2. CarinA
			-,,		- 7	O wanter of



3	1.	FOR STATE	DEFAR	IMENT OF HEALTH AND MENTA		3 1 6 0 3
		REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	1 - 100K
	3. SE	Carri	E E L	IS. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	5 FZ 12,50PN
		Female	Bla ck	12 25 11	7.0	MONTHS DATS HOURS MIN
1)177	50	Carolina	76. CITIZEN OF WHAT COUNTRY USA	MARRIED LI NEVER MARRIED		
24	10 C	TY OR TOWN OF DEATH Baltimore				126. KIND OF BUSINESS OR
35	13a S		OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) WN 13d. INSIDE CITY LIMI	15? 13e STREET ADDRESS Ap	ot.B118 21207 or Garden Lane
Man		THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDE	N N AME	
-	léa V	Willie VAS DECEASED EVER IN U.S. AR	Flowe		ADDRESS	Butler
2	1	es noor unknown) (if yes, giv	/E WAR OR DATES)		Chestnut 1911	E.29th Street
1		PART I. DE ATH WAS CAUSE	nly ane cause per line far (a), (b), c D BY:	dio genie	stock	APPRÖXIMATÉ INTERVAL BETWEEN ONSET AND DEATH
y, ar other traumat		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE CONTROL OF TH	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	SCVD JENCE OF POST P	andiae Dacl make terminal disease or condition	
Landour Age	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?"
9 9	1551	210. ACCIDENT WAS UNDERLYING		DAY YEAR	YES NO COURRED (ENTER NATURE OF INJURY IN 17	YES NO
ayed or He	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
121.0 mo		saw the deceased alive on	tal) attended the deceased fram	and that in (my) (out) op	pinion death occurred on the date or	nd haur and fram the couses stated
17. H (No.		226 SIGNATURE	yh Hung	DEGREE ATTENDI PHYSICI	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	The DAJE SIGNED
3 /		22d. PHYSICIAN'S NAME (TYPE C	J-YEN HUI	22e ADDRESS	V Cerous	· Hospital
80/		NOTTO.			0 00 0	2 / 10 - / 10001
	(URIAL, CREMATION, REMOVAL SPECIFYI BURIAL JNERAL DIRECTOR	23b. DATE 23c	NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION CITY OF TOWN Arbutus DATE REC'D. BY REGISTRAR 256. R	county state Md.



ond 2 should be ful

certificate has been signed by the attending physician

injury, or other traumatic

MPORTANT: If Hem 21 is marked or Item 18 shaws ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burnal-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR			CERTIF	ICATE OF	DEATH	REG	. NO.				
I		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	10000	20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR		
1		PAULII	Œ	TAYLOR	LOF	TIN			DEC.	4. 1982	11:50AM		
	3 SEX	(4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHD AY)	MONTHS DAYS			
1	9	FEMALE	NEGRO		JON		1918	64	YR				
V		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9. BALTIMORE CITY OR COUNTY OF DEATH					
7		RTH CAROLINA	US o	f A WIDOWED □ DIVORCED □				BALTIMORE CITY					
Á		TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER IN	STITUTION	12a USUAL OCCUP			OF BUSINESS OR		
4		ALTIMORE	SI	NAI HOSP	ITAL (F BAL	IMORE		IRED		ESTIC		
	USUA 13a S	TATE 13b. COU		GIVE RESIDENCE BEFOR		13d. INSIDE	CITY LIMITS?	13e. STREET ADDRES	SS		21215		
1	M	ARYLAND		BALTIM	ORE	YES X	NO 🗌		3212	W. GARR	ISON AVE.		
1	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHE	R'S MAIDEN NAM	AE MIDDLI			AST		
		CURLY	Mode	TAYLOR		(CTAVIA	***************************************		EP			
1		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM		ADI	DRESS		1215		
1	(11)	NO NO OK UNKNOWN)	E WAR OR DATES	240 48 (0602	MR.	COLUMBU	S LOFTIN	3212		ISON AVE.		
ł		18 CAUSE OF DEATH (Enter of	nly one couse per	·	_	Λ		1 1			NIMATE INTERVAL		
1		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	Fil	al-sk	OPA	1840	01.					
1		HOZO		DAS A CONSCOU	ISNICE OF	1							
1		Conditions, if ony, which	(,,0	r as a consequ	ENCE OF	4/1/5	CUL	J .					
1		gove rise to immediate	(6)		1			- MEGTET					
1		underlying cause last	DUE TO, O	r as a consequ	ENCE OF								
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	ONDITION	GIVEN IN PART 1	(a)		
d	Z	Luses	1/1/1 0	Ponous	dois	14	1) .	17.					
H	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		YES, WERE FIND			
	FIE			6				YES NO		RTIFYING CAUSE YES T	S OF DEATH?		
4	ER	210 ACCIDENT WAS UNDERLYING	216. TIME C		N. Land	21c HOW	INJURY OCCURR	ED (ENTER NATURE OF I					
		OR CONTRIBUTING CAUSE OF DE	WHI.	M. MONTH D									
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	21e PLACE	M. OF INJURY	19	211 LOCAT	ION						
d	ME	WHILE AT WORK AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE.	FARM, ETC.)	STREE	T	CITY OR	TOWN	COUNTY	STATE		
3		22a.1 certify that (I) (this hosp	ital) attended th	e deceased from	7-	12	10	10 /2	- 4	1000	, that (I) (we lost		
6		saw the deceased alive or above, (1) (we) (did) (did no	-16	- 4 19	\$7.0	nd that in (m	y) (aur) opinion o	death occurred an th	e date and	hour and from th			
ı		22b. SIGNATURE	/ / /	Offer dearing.		DEGREE				22c. DAT	ESIGNED		
		1/1/	140	N SET	ER a	COSXLI	ATTENDING NYSICIAN	MEDICAL S DIRECTOR PHY	TAFF (SICIAN]				
		224 PHYSICIAN'S NAME (TYPE	Britan	10 100		22e ADDR	ESS						
			//	Q La Place				III.		- 11			
1	23a. B	BURIAL, CREMATION, REMOVAL	73E DATE	73c.	NAME OF C	EMETERY O	RCREMATORY	23d. LOCATION		COUNTY	STATE		
	(5	BURTAL	12/11/	82 A	RBUTUS	S MEMO	RIAL PAR		MORE	(BALTO.)	MD.		
	24 FU	UNERAL DIRECTOR		ADDRESS			25c. DATE	REC'D. BY REGISTR	- 1 /	ISTRAR'S SIGNA	ATURE .		
	L	EWIS T. GWYNN	4517 PA	ORK HEIGH	ITS AV	EMUE		C 9 1982	2 0	and	causely		

DHMH - 16 50M 7/77 (VR A 15 (4))

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a Carrie) aldichus	1 de desar la company	Hyush.	12/.1/82	ALADAUH
			VA ETROLIS AV	15.7 %	LINIE T. CHYMIL

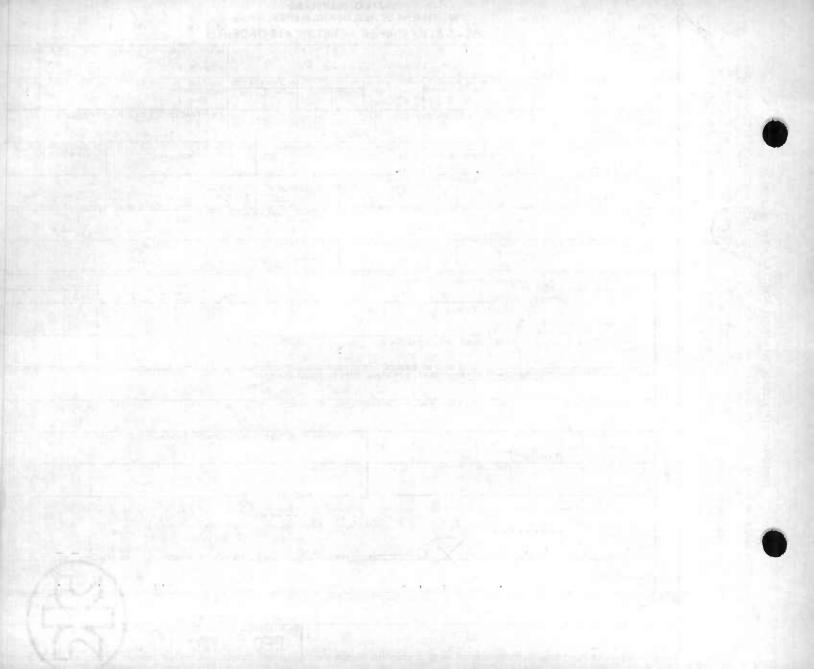
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 6 1									
-	I DE	ECEASED NAME FIRST	iar the	dog	last	20 DATE OF DEATH MON	15-82				
1)	3 SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY					
-		Female	Black	Sept	t. 10,1930 YEAR	52	YRS MONTHS DAYS HE				
35	9	RIRTHPLACE - STATE OR FOREIGN COUNTRY) 1to., Md	76. CITIZEN OF WHAT	COUNTRY? 8	IED X NEVER MARRIED	Baltimore					
39	10 0	alto.	11. NAME OF HOSP		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) 12b. KIND OF BI				
35	13g.	IAL RESIDENCE (IF NURSING HOM) STATE 136 CC	UNTY 113c. C	ESIDENCE BEFORE ADMISSION ITY OR TOWN 1to.	13d INSIDE CITY LIMITS?	13e Street ADDRESS 2501 Garris	on Blvd.				
07		ATHER'S NAME FIRST drew	MIDDLE B.	Ward	15 MOTHER'S MAIDEN N. Annie	AME MIDDLE B.	LAST				
medicol	160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	SIVE WAR OR DATES!	8-26-3602		ADDRESS 2501 Garrison	Blvd.				
2											
ury, or other troum	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(c)	A CONSEQUENCE OF		Braw ,	On GIVEN IN PART 110				
ws ony injury, or	TIFICATION	gave rise to immediate cause (0), stating the underlying cause last	(c) IT CONDITIONS <u>CONTRI</u>	A CONSEQUENCE OF	JT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART TO B. IF YES, WERE FINDINGS I CERTIFYING CAUSES OF YES				
Item 18 shows ony injury, or	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last	19b. CONDITION 19b. CONDITION 19b. TIME OF INJUDENTH HOUR A.M.	A CONSEQUENCE OF	ON WAS PERFORMED 216 HOW INJURY OCCUR	MINAL DISEASE OR CONDITION 200 AUTOPSY? 201 IN	b. IF YES, WERE FINDINGS I CERTIFYING CAUSES OF YES				
or Item 18 shows ony injury, or	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	19b. CONDITIONS CONTRI 19b. CONDITION 19b. TIME OF INJI HOUR A.M. 21e PLACE OF IN	FOR WHICH OPERATE URY MONTH DAY YEAR	ON WAS PERFORMED 216 HOW INJURY OCCUR	MINAL DISEASE OR CONDITION 20α AUTOPSY? YES \(\) NO \(\)	b. IF YES, WERE FINDINGS I CERTIFYING CAUSES OF YES				
Item 18 shows ony injury, or		gave rise to immediate cause of storing the underlying cause lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that M (this has sow the deceased olive obove, (I) (we) (Idid) (and obove).	19b. CONDITIONS CONTRI 19b. CONDITION 21b. TIME OF INJU- HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	FOR WHICH OPERATE URY MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.)	ON WAS PERFORMED 216 HOW INJURY OCCUP 211 LOCATION STREET and that in (my) (our) opinion	200 AUTOPSY? 200 IN YES NO REPORTED INJURY IN I	COUNTY COUNTY Line 18, part 1 Or part 2)				
T: If Item 21 is morked or Item 18 shows ony injury, or		gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTEY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE ATWORK NOTWHILE ATWORK NOTWHILE (IT WORK) 22a. I certify that W (this ho sow the deceased alive obove, (I) (we) (did) (di	19b. CONDITIONS CONTRI 19b. CONDITION 19b. CONDITION 10b. TIME OF INJI HOUR A.M. P.M. 21b. PLACE OF IN (AT HOME, STREET, FA	FOR WHICH OPERATE FOR WHICH OPERATE URY MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.) eosed from 19 death.	ON WAS PERFORMED 216 HOW INJURY OCCUP 216 LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IN YES NO RED (ENTER NATURE OF INJURY IN I	b. IF YES, WERE FINDINGS I CERTIFYING CAUSES OF YES NOTE OF THE PART 1 OR PART 2) COUNTY COUNTY 19 , that and haur and from the county 22c. DATE SIG				
ANT: If frem 21 is morked or Item 18 shows ony injury, or		gave rise to immediate cause of storing the underlying cause lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTI	19b. CONDITIONS CONTRI 19b. CONDITION 19b. CONDITION 10b. TIME OF INJI HOUR A.M. P.M. 21b. PLACE OF IN (AT HOME, STREET, FA	FOR WHICH OPERATE FOR WHICH OPERATE URY MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.) eosed from 19 death.	ON WAS PERFORMED 21c HOW INJURY OCCUP 21f LOCATION STREET 21f LOCATION Ond that in (my) (our) apinion DEGREE ATTENDING	20a AUTOPSY? 20b 20a AUTOPSY? 20b YES NO NO CITY OR TOWN To death occurred on the date a	b. IF YES, WERE FINDINGS I CERTIFYING CAUSES OF YES NOTE OF THE PART 1 OR PART 2) COUNTY COUNTY 19 , that and haur and from the county 22c. DATE SIG				
frem 21 is morked or frem 18 shows ony injury, or	WEDICAL WEDICAL	gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTEY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE ATWORK NOTWHILE ATWORK NOTWHILE (IT WORK) 22a. I certify that W (this ho sow the deceased alive obove, (I) (we) (did) (di	19b. CONDITIONS CONTRI 19b. CONDITION 19b. CONDITION 21b. TIME OF INJI HOUR A.M. P.M. 21c PLACE OF IN (AT HOME. STREET, FA	FOR WHICH OPERATE FOR WHICH OPERATE URY MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.) 23c NAME OF	ON WAS PERFORMED 21c HOW INJURY OCCUP 21f LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	20a AUTOPSY? 20b 20a AUTOPSY? 20b YES NO NO CITY OR TOWN To death occurred on the date a	COUNTY LEAN TO SEE TO				

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Large D. Dyeck Abbo Liberty Hotel. Ave.

Let & Bar Sand

20M 4/B2



may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 5 1

1 -	STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. N	0.					
	CEASED NAME	FIRST	A	AIDDLE	Ĺ	AST	20. DATE OF DEATH MONTH DAY YEAR 26 HO						
(IIII)	OR PRINT)	HENRY				LOTZ	12	3:45A M					
3. SE	х	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
	Male		Whit	e	MONTH 4	28 04	78	YRS.	MONTHS DAYS	HOURS MIN.			
	RTHPLACE (STATE OR	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AAA DD (C)	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH						
	aryland		U.S.	Α.	WIDOWE		Baltimore City						
	TY OR TOWN OF DEA	(IF NOT IN SUCI	OSPITAL, NURSING FACILITY, GIVE STREET, Agnes Hos	ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Salesman		IFE) INDUSTRY	Shoe Co.				
13a. S	AL RESIDENCE (IF NURS STATE Cyland	HER INSTITUTION,	GIVE RESIDENCE BEFORE 131. CITY OR TOW Brooklyn	N	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS 622 Bruce	Stree	t 2122	.5				
4 FA	John	DLE	Lotz		15. MOTHER'S MAIDEN NA Elizabe			St	engler				
160. V	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIALS					17. INFORMANT	ADDRI	ESS	911				
17	NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	212-01-1	455	Henry John I	Lotz 314 Bro	adway	Ave.	21061			
	18 CAUSE OF DEAT PART I. DEATH W 4149 Canditions, if any, gave rise to im- cause (o), stotin underlying cause	MMEDIATE (which mediate ig the	DUE TO, OF	PU/M R AS A CONSEQUE	ona evry	ry orden Artery	or Disease		BETWEEN	MAJE MIERVAL ONSET AND DEATH			
NOI	PART 2 OTHER SIGN	REN	Apitions <u>co</u>	FAIL V	RE E	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GR	IVEN IN PART 1(0)				
CERTIFICATION	19a DATE OF OPERA	OF OPERATION 196 CONI		TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES				
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	21b. TIME OF HOUR A.F	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)				
MEDICAL	21d. INJURY OCCURE WHILE NOT WHAT WORK AT WORK	ILE 🗆	21e. PLACE (OF INJURY EET, FACTORY, OFFICE F	ARM, ETC }	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
	220. I certify that (%, sow the decease abave, th (we) (c	ed alive on	12.	2 3 19 8		12. 22. 19. 10. 12. 23. 19. 22. 1 2. and that in (my) (aur) opinion death occurred on the date and hour and from the co							

Leethe Raja

M.D.

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

12.23.82

GEETHA RA

ST. A

AGNES HOSPITAL, BALT, MI

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

12/27/82

231. NAME OF CEMETERY OR CREMATORY
Loudon Park Cemetery

23d LOCATION
CITY OF TOWN
Baltimore

COUNTY

Mary Tand

DHMH-16 30M 2/80
(VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
H11bbard F110

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BP

24 FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

REC 2.71982

Cun for Committee

Providence of the contract of

Glen Bumie, Md.

PRESTON ST., BALTIMORE, MARYLAND 2120

(VRA 15 (4))

Raymond C. Fink

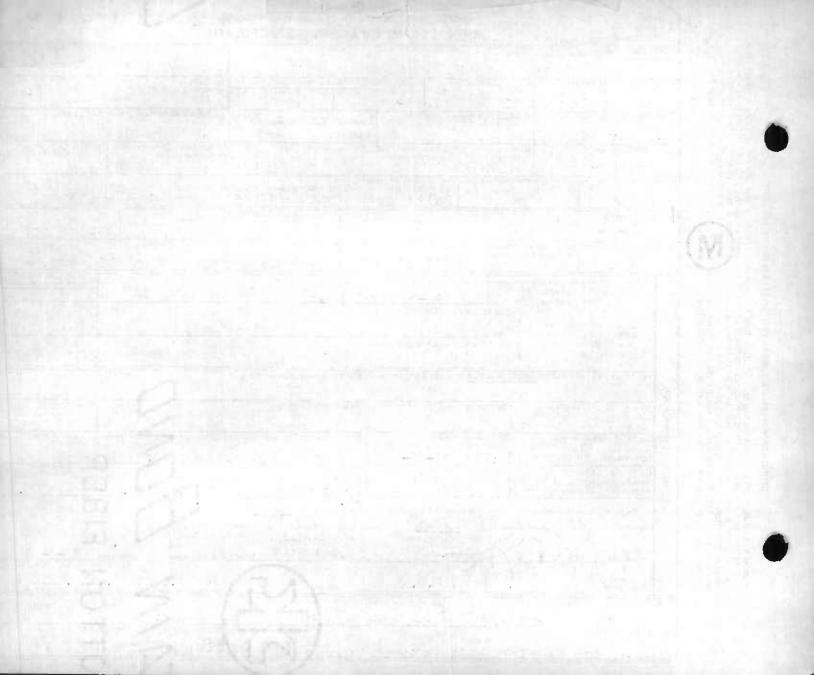
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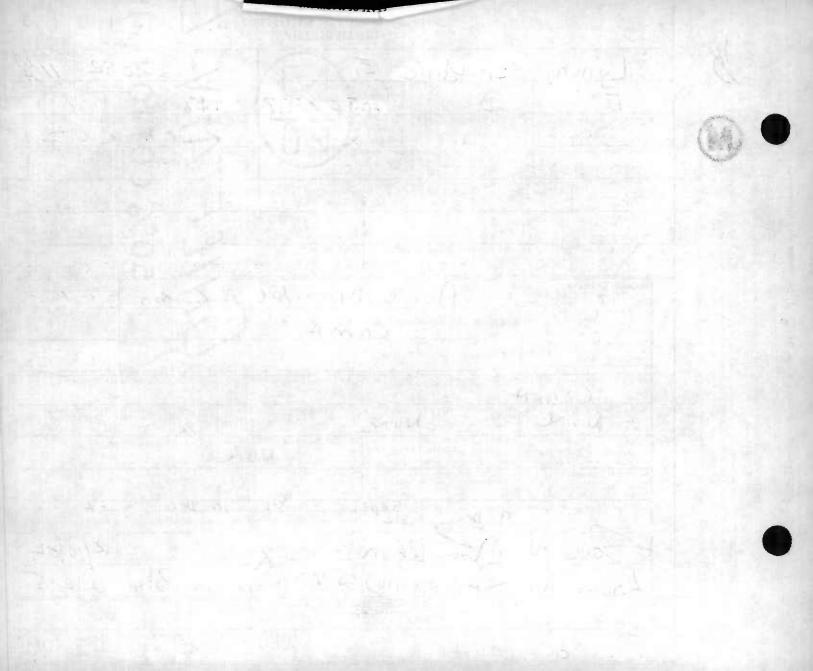
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4	-	Baltimor		Sinai Ho	spit	al				FOR MC	OST OF WORKI	NG LIFE)		OR INDL	JSTRY	
35	13a. S		136 COUNTY	OTHER INSTITUTION, GIV	13c CITY	OR TOWN timor		13d INSIDE CITY			1 CO		÷ - 7	7 21	215	
×-	-	THER'S NAME			IDGI	CIMOL	е	15. MOTHER			1 (0)	der	.Id F	Ave.21	213	=
SI) ''	FIRST		MIDDLE		LAST		FIRS	ST	INAME	MID	DLE		LAST	10 m = 11	
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		Yes					933	noyce	; LOA	very	482.	r Co	raeı	lia Av	MATE INTERVAL	_
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MENTAL HYGIEN N, OR REMOVAL			f any, which immediate	(b)												
RIAL, CREMATION, OR		couse (b) stot	ing the under	DUE TO, OR	AS A CON	ISEQUENCE	OF									
		lying couse io	25T.	(c)												
		PART 2 DTHER SIGNIFI	CANT CONDITIONS <u>Co</u>	INTRIBUTING TO DEATH B	UT NDT RELA	TED TO THE TERM	AINAL DISEASE	DR CONDITION G	GIVEN IN PART	T 1 (a).						Ī
	Z	ALCOHOL:														
7	ATI	190. DATE OF OP	ERATION	19b. CONDIT	ION FOR	WHICH OPER	RATION W	AS PERFORM	ED?		3.71.00			20 AUTOP	SY?	
4	MEDICAL CERTIFICATION	1000		al Total										YES [] NO [X	-
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1		220 I certify th	at 1 took charge	of the remains desc	ribed aba	ve, held pn	Autop		Inspection		Inquiry		and in my o	apinion		
0		death resulted f	ram: Natura	I couses ,	Accident	X, su	ricide	, Hamicid	de .	Undeter	mined man	ner 📗				
		1	1.	100				TITLE (SPE	ECIFY)				W			
.0		SIGNATURE_	MAKE	NXI	-		M	D. Assi	stan	1 MEDIC	CALEXAMI	NER	DATE	NED 12-	3-82	
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	24. F	UNERAL DIRECTOR	(ADDRESS								Sal	SIGNAR'S	TO WATURE	LA.	
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10	1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
noy be	TITE	E OR PRINT)	MA E. LUE	CKERT	12 2	5 82 5 50 M
fter o	3. SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
rs a		Female	White	Aug. 29, 1900	82 YRS	A CONTRACTOR OF THE CONTRACTOR
200	dell	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
M 15	1	Maryland	USA	WIDOWED DIVORCED	Baltimore Cit	ty MD.
10.	10 C	ITY OR TOWN OF DEATH	LIE NOT IN SUCH EACILITY GIVE ST	ISING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
3 70		Baltimore	Wesley Home	e, Inc.	Secretary	State Gov't.
1 1	USU Ila	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BE NTY 13t. CITY OR T	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS?	110 STREET ADDRESS	
1 30		Maryland		more YES X NO	4230 Loch R	aven Blvd. 21218
2 nin	14. F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	
P 500	1	George Willi		Anna	B. Bette	enhausen -
licol		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SI	ECURITY NO. 17. INFORMANT	ADDRESS	
Poges medico		YES NO OR UNKNOWN) (IF YES, GI	219-36	1619 Mrs. Rosa	aline Lueckert,	Balto., MD
pers of.		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b),	ond ici.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy nnpo emov		PART I. DEATH WAS CAUSI	TE CAUSE (0)	Umonia		days
ding arbo ar re		4220	DUE TO, OR AS A CONSE	OUENGE OF A		13
lon,		Conditions, if any, which	(b) Cons		-ailure	years
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l, cre	6	underlying couse lost	DUE TO, OR AS A CONSE	OUENCE OF		
sen ple a burio jury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION G	IVEN IN PART 1 0
int. The	AT O	190 DATE OF OPERATION	119h CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED
ws o	FIC	The Brite of Greathing	178. CONDITION 100	ich of English Was Fell Onnes	IN CERT	IFYING CAUSES OF DEATH?
ygie sho	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP		PART LOR BART 2)
Page 1	_	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	(Elder ANIONE OF BARON BALLERI IN	TANT CATANT 2)
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ed or	WE	WHILE O NOT WHILE O	(AT HOME, STREET FACTORY OFFI		CITY OR TOWN	COUNTY
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1 of to E		obove, (I) (wa) (did no	ot) view the body ofter death.			
oche Dep	4.5	276. SIGNATURE	10 mil.	DEGREE ATTENDING	MEDICAL _ STAFF	22c. DATE SIGNED
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should be with the St.	100	221 PHYSICIAN'S NAME (TYPE		22e ADDRESS	1 1-010	11 40/21-21
should be with the IMPORT		Wanie!	J. Winn	18872 50	lair Kd. Ba	170 med 1236
N > = 1		BURIAL, CREMATION, REMOVAL		30 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
		Burial	12/28/82	Druid Ridge	Pikesville.	MD
DM 1/B1	24 F	UNERAL DIRECTOR Henry	W. Jenkins	& Sons Co. 25a. DA		STRAR'S SIGNATURE
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			. STATE OF MAKTEAND	
	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3	1018
n/	1 0		REG. NO.	
18		CEASED NAME FIRST	THE DATE OF DEATH MONTH	- A 100K
3	-	Lynch	Gentrude E. 1210	82 11 A
1	3 SE	X	MONTH DAY YEAR	UNDER I YEAR IF UNDER 24 HR
			D JUNE 6 /997 45 YRS.	
3	70.0	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY O	FDEATH
2132	DA	VIDSONVILLE	U.S.A. WIDOWED DIVORCED DIVORE	re City,
3 11	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 116 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF YORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS O
76	B	ALTIMORE	(14 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LUTHERAN HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE)	1140031111
1 9	13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION] DUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS	
10	MAF	RYLAND	BALTIMORE YES XX NO 1501 Dukeland	Stroot
	14. E	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
1 <100	1 1	JTT.T.TAM	THOSE THE STATE OF	LAST
5 3 5	160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	DHNSON
9 9	1	YES, NO OR UNKNOWN) (IF YES.	217-48-7868 SUZANNE P. SHEPHIRD 23	305 Chelse
1.2"				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
891		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	SED BY:	Set 4x
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mot a			DUE TO, OR AS A CONSEQUENCE OF	
trou		Canditians, if any, which gove rise to immediate	(b) <u>Com</u> A	
se rem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	- 11
or o			(c)	
hen g la bu	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 10
rini T	CERTIFICATION	19a. DATE OF OPERATION A	\ +	
S or s	SE SE	AT UNE		WERE FINDINGS USED NG CAUSES OF DEATH?
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Il-tronsi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR AM MONTH DAY YEAR	1 OR PART 2)
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he bu	MEDICAL	21d INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
th or th orke		MHILE NOT WHILE AT WORK		
deal deal			spital) attended the deceased from Sept. 19 \$1 to 10 Dec. 19	2, that (I) (we)
2 4 5		sow the deceased alive	an	nd from the couses stated
Dept Dept Herr		27h SUSNATURE	DEGREE	224 DATE SIGNED
- e ÷		aus 1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1410/02
be de Stot	1	276 PHYSICIAN'S NAME CAY		1
should be de with the Stat		LAUIS 1	J. KANDAN MU 200 (Marrison 10 lvd.	21215
\$ 3 <u>X</u>	23a.	BURIAL, CREMATION, REMOV.	7.1.	, ,
		CREMATI	CITYORIOWA	TARYLAND STATE
5044 1 /01	24 F	ÜNERAL DIRECTOR	254 DATE REC'D. BY REGISTRAR 255 TE GISTRA	
50M 1/81 15, 4)	1	NAME	ADDRESS UEU 1 7 1082 L.C.	2. Caniel
	AA.	M. C. MARCH	F.H. 1101 E North Ave	

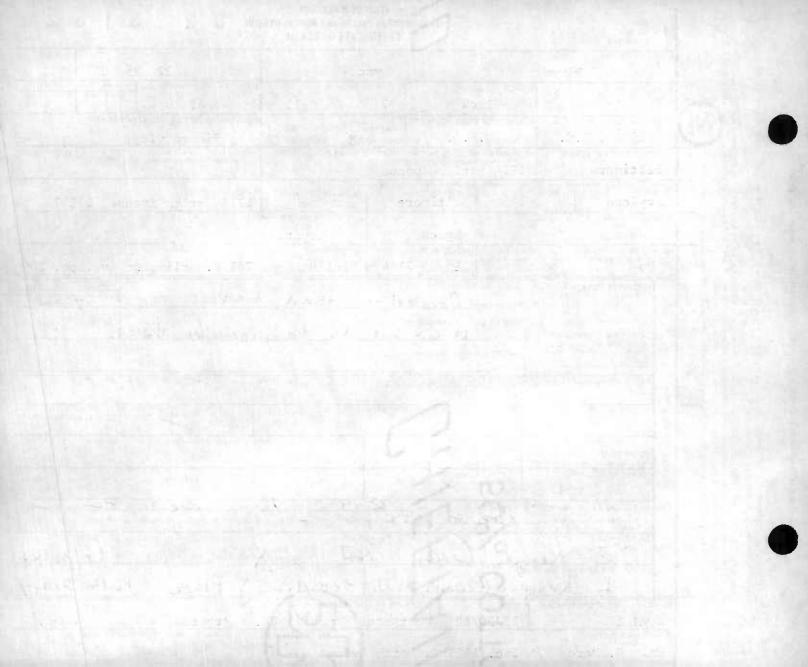


of J. Chin E. Lonnicker, P.

Mitchell-Wiedefeld Home 6500 York Rd 21212

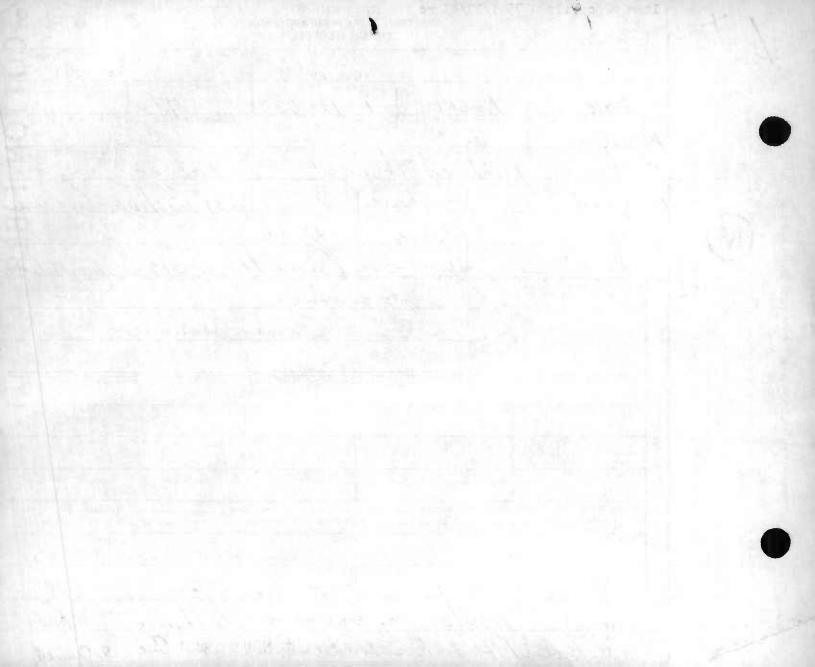
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1 +		FOR		RTMENT OF HEALTH AND MENTAL	HYGIENE 8 2	3 1 6 2 3
1	1.	STATE REGISTRAR		CERTIFICATE OF DEATH		
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noy be poge 3		HERMI	71	MACEY	//-	17-821:08 Am
E _ B	3 SE	× AA I	RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
oge 4		Male	NEGRO	1 12 05		RS.
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ofter of the fired with	10.6	PY OR TOWN OF DEATH	1. NAME OF HOSPITAL NUR 18 NOT IN SUCH FACULTY GIVE STR	SING HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
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1 1	THE	THER'S NAME	0015 0 0 1457	15. MOTHER'S MAIDE	N NAME MIDDLE	
AN C WEE VILL	1/2	COTGE	DDLE MAST	Wah	MIDDLE	LAST
1188	16g. V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	
MOM B	,	(ES, NO ORUNKNOWN) (IF YES, GIVE)	VAR OR DATES) 2/2 -/1	-344 BURMA	Macey 517	Beaumont live.
ALI PER		18 CAUSE OF DEATH (Enter only	one cause per line far (a), (b),	and p	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED		Siconne		
S to per s		4140 IMMEDIATE			1 1	
oth oth mot			DUE TO, OR AS A CONSEC	PUENCE OF O 2 0 5	The floor of dea	
RESTO deot		Conditions, if any, which gave rise to immediate	(b)	The Sol	B. Clead and	
201 W. PRESTON ST., es that the death certifi ned by the attending pl please remove calibrate uriol, cremation, or remove v, or other troumatic reve		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF		
or or		onderlying cause last	(c)			
RDS, 20 equires on signe Then pl to bur injury, o	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART I (a)
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L REC L REC Do Son.	5	THE DATE OF OPERATION	178. CONDITION ON WITH	CH OFERATION WAS FERTORMED	_ / IN CI	ERTIFYING CAUSES OF DEATH?
VITAL RI NA: The la hysician. Icote hos ronsit per Hygiene Hygiene	E .				YES NO Y	YES NO
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DINISION DING PHONE THE After the se as the coll hand marked of	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.	CIT OK TOWN	STATE
O a a o o E		22a.f certify that (I) (this hospital	al) attended the deseased fra	n_ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	82.	, that (I) (we) lost
OR P P P P P P P P P P P P P P P P P P P		saw the deceased alive an_	() 15		inion death occurred on the date and	
R AT hosp RECT hed free free 2 tem 2		above, (I) (we) (did) (did not 22b, SIGNATURE	view the bady after death	DEGREE		22c. DATE SIGNED
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V 5 5 5 4 3 34	23a. 8	BURIAL GREMATION, REMOVAL	23h DATE/ /2	C. NAME OF CEMETERY OR CREMATO	ORY IM LOUATION	COUNTY / STATE
BP	(SPECIFY COL	11/24/82	Mt. Zion Cemeter	y Bultmin	e Md.
DHMH - 16 50M 1/76	24 FI	JNERAL DIRECTOR	#111	1 (1 / 150	. DATE REC'D. BY REGISTRAR 25 RE	GISTRAR'S SIGNATURE
(VR A 15 (4))	VI	NAME / FOURDOR	1-14 3/4 BIS	XXXXedorUt	NOV 2 9 1982 1	00.00



Singleton Funeral Home, Glen Burnie, MD

- STATE REGISTRAR

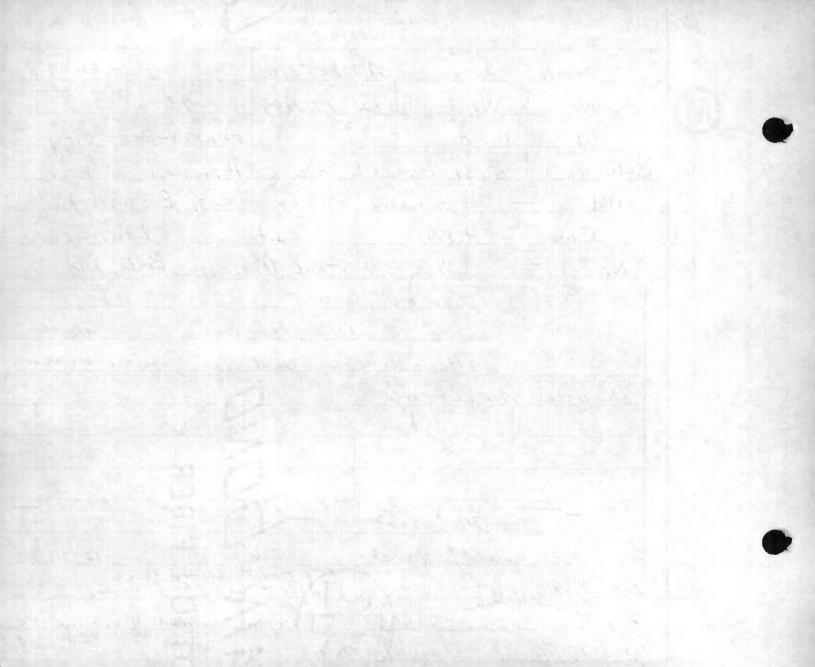
24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

25a. DATE REC'D. BY REGISTRAR 25h

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME MIDDLE MONTH YEAR (TYPE OR PRINT) Sarah 82 Ivania 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN COUNTRY WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 136. CITY OR TOWN 13e. STREET ADDRESS 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LOAN ADDRES 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY: CAYTEST rdiac IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Urrlytamia circlene Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g DIVISION OF VITAL RECORDS, CERTIFICATION 20h. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES | NO [21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ed or Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 22s.1 certify that (1) (this housetal) attended the deceased fram Q 2, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the receased alive on. obove, Milwe) (did) (did nat) view the bady after death 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN P DIRECTOR PHYSICIAN MPORTANT should be with the 23a BURIAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4))



PAUL SERVICE STREET BARRETTE STATE OF THE PARTY Coulogalmonary Arrest Problem regard with Partmouter April private Commy Artin Divise Established to the second of t King July 140 Kelly Delle 389-7030

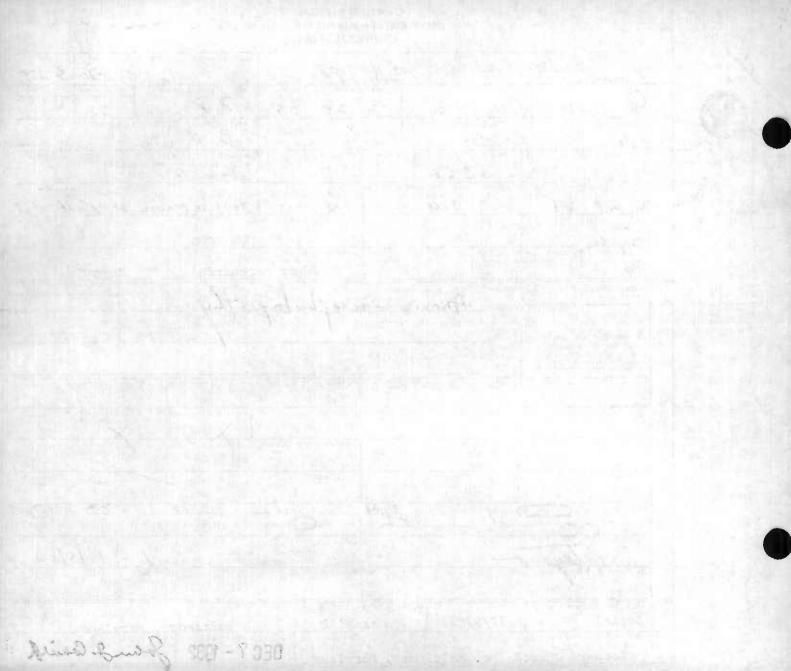
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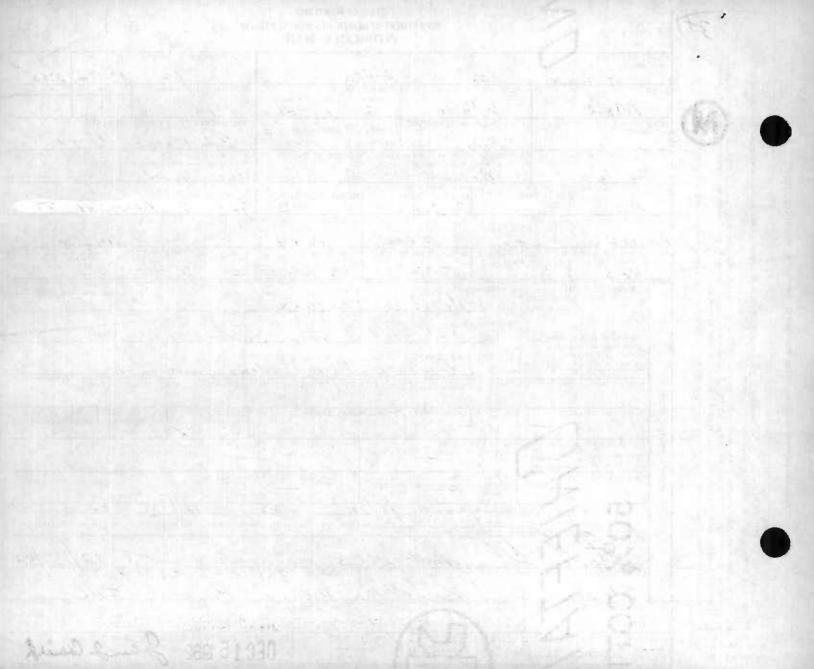
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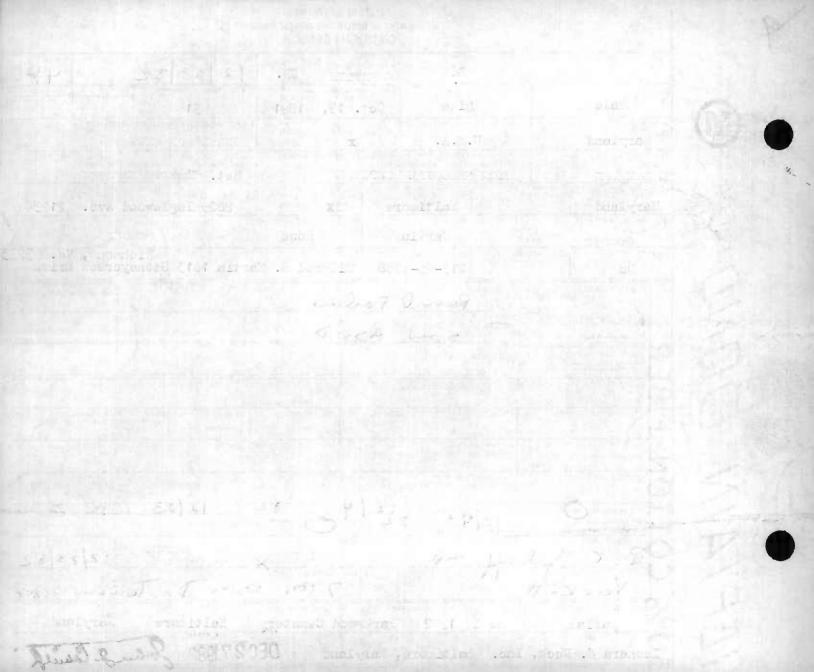


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH LAST 1 DECEASED NAME MIDDLE 26 HOUR (TYPE OR PRINT) 8-2 2:50 Leo 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH DAY YEAR 21 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U.S.A. BALTIMORE WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS PIS Balto Catonsville 7501 NO M Imwood Ave. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME O MIDDLE MIDDLE RUTH ADDRESS 7617 Windsor Mill Rd 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Baltimore, Md. 21207 213-14-9320 Mr. Richard Marr W.W. II 4 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PRESTON DUE TO, OR AS A CONSEQUENCE OF adeno Carcinoma Canditians, if any, which gave rise to immediate cause (o), stating the DUF TO, OR AS-A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS. 0 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [NO YES [and Mental Hygier burial-transit 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22s.1 certify that (1) (this haspital) attended the deceased fram_ 82 sow the deceased alive on abave, (1) (we) (did) (did not) view the body after death. , and that in (my) (aur) apinian death occurred an the date and have and from the causes stated 77h SIGNARORS DEGREE 22L DATE SKINNED ATTENDING MEDICAL Should be deta * PHYSICIAN DIRECTOR PHYSICIAM MPORTANT THE PHYSICIAM'S NAME ITYPE OF PRINT 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE Carroll Lake View Memorial Pk. Sykesville Burial 12/16/82 24. FUNERAL DIRECTOR Loring Byers Funeral Directors DHMH - 16 50M 4/82 8728 Liberty Rd. Randallstown, Md. 21133 (VRA 15, 4)



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TO FUNERAL DIRECTORES Should be detoched with the State Dept.	8	PHYSICIAN'S NAM	the	Ho	and		22e ADDRES	ATTENDING PHYSICIAN S	MEDICAL DIRECTOR	STAF PHYSIC	FIAN To	12/2 DATE	23 (8 Z	-
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P	24 FIINED	Burial	1444	Dec 2	7 1982	Park	wood C	emetery	Ba	iltimo		^{co} Wäryl		
H - 16 50M 1/81 VRA 15, 4)		nard J. F	Ruck,	Inc.	Baltimor	e, Mar	yland	DE	C271	982	Sal	2.6	Sing.	



(VRA 15, 4) 1/79



HIMANIE YASINAYAAARAY

ALLEGE KANAKE CHANNEY SHOE STILL OF G. STILL STEELS

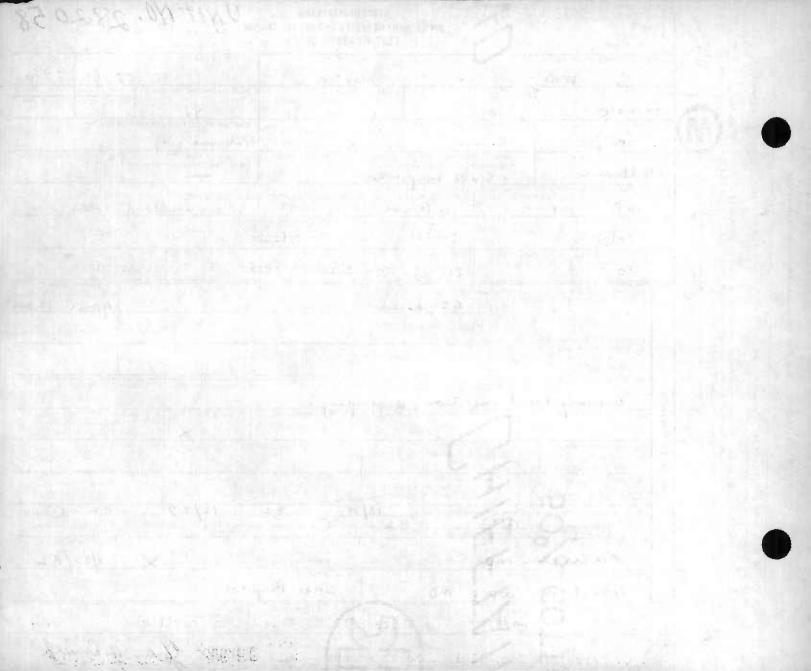
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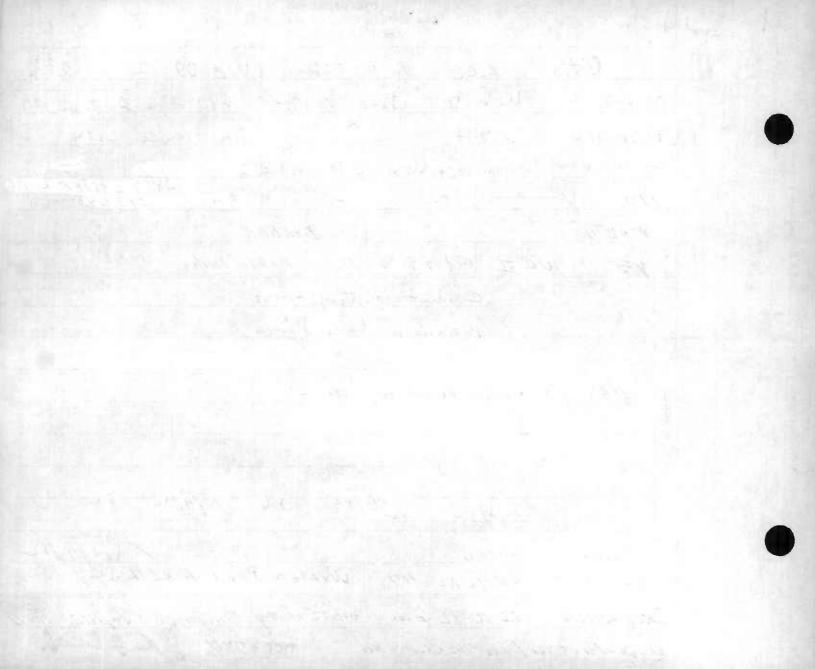
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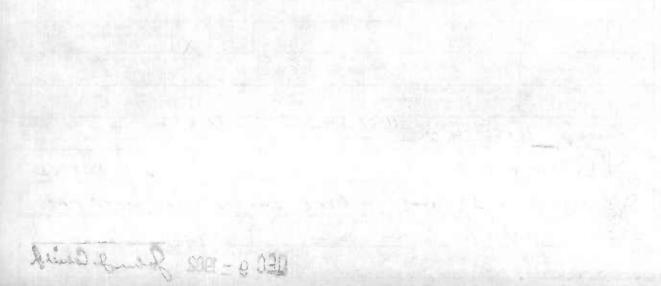
Burial 12/21/82 Pine Grove Cemetery Mayville, H.

A. Alm Se tz, dr. - where I Hone 3:1 Holand Ave.

100		STATE REGISTRAR			CERTIFICATE OF	DEATH	REG. NO.		
10		CEASED NAME FIRST	Mil	DDLE	LAST		20. DATE OF DEATH M	ONTH DAY	YEAR 2b
1	(TYPE	OR PRINT)	eve I).	martin			12 27	82 7
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-	1	emale	Black		MONTH DAY	91	91	YRS.	DAYS HO
/AR)		HPLACE (STATE OR FOREIGN	76. CITIZEN OF W		8		BALTIMORE CITY OR		DEATH
ATT.	8	Carolina	U.S.A	1.	MARRIED NEVE	DIVORCED	Batternore ci	ty	
17/	la ci	TY OR TOWN OF DEATH			HOME OR OTHER IN		120 USUAL OCCUPATIO	N 12	L KIND OF BU
3 41	-	Baltimore		el Hospi			TYPE OF WORK FOR MOST OF	WORKING (IFE) IN	NDUSTRY
3 300	disu.	AL RESIDENCE (IF NURSING HOME	E OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE A	DMISSION)	CITYLINITES	13e. STREET ADDRESS		
1010		m D 13b CC	201411	Baltim		NO [dland	Ave
2 Dad	14. FA	THER'S NAME	WIDDLE	LACT		R'S MAIDEN NAM	E		
1500	3	Ralph	WIDDLE	Davis	G	eorgiann	a MIDDLE		Brydst
791		VAS DECEASED EVER IN U.S.	ARMED FORCES?	6b. SOCIAL SECUR			ADDRES		
7 1/	. "	NO (IF YES.	GIVE WAN OR DATES)	248-09-	7798 Abra	ham Mart	in 3015 Sea	man Ave	nue
1 to 1		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r anly ane cause per li	ne far (o), (b), and	IC 1, i				APPROXIMATE BETWEEN ONSE
0 1	100	PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (a)	GI he	ead				Approx.
2 4		5729		AS A CONSEQUEN	NCE OF				11
10 20		Conditions, it any, which	((b)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11/6/4				
124		gave rise to immediate cause (a), stating the		AS A CONSEQUEN	NCE OF				
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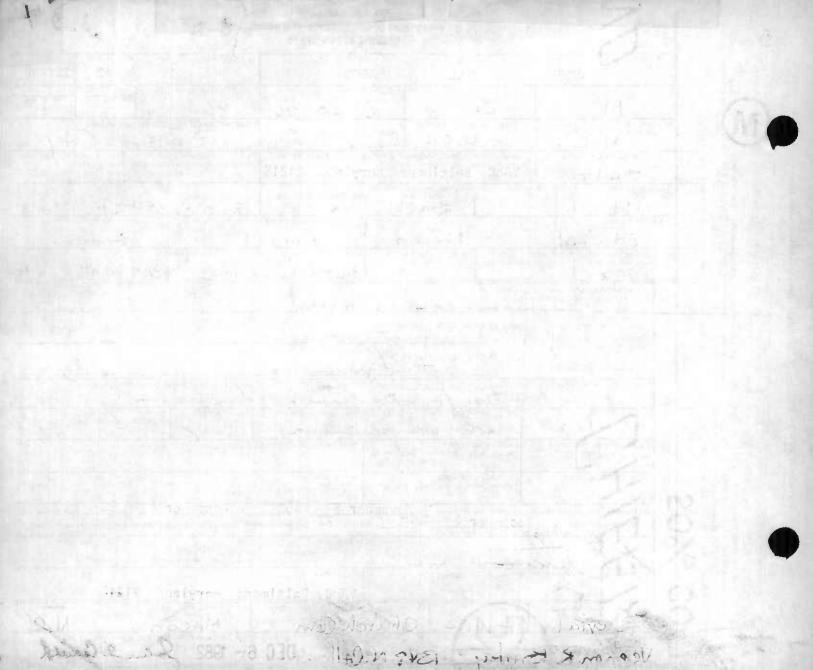




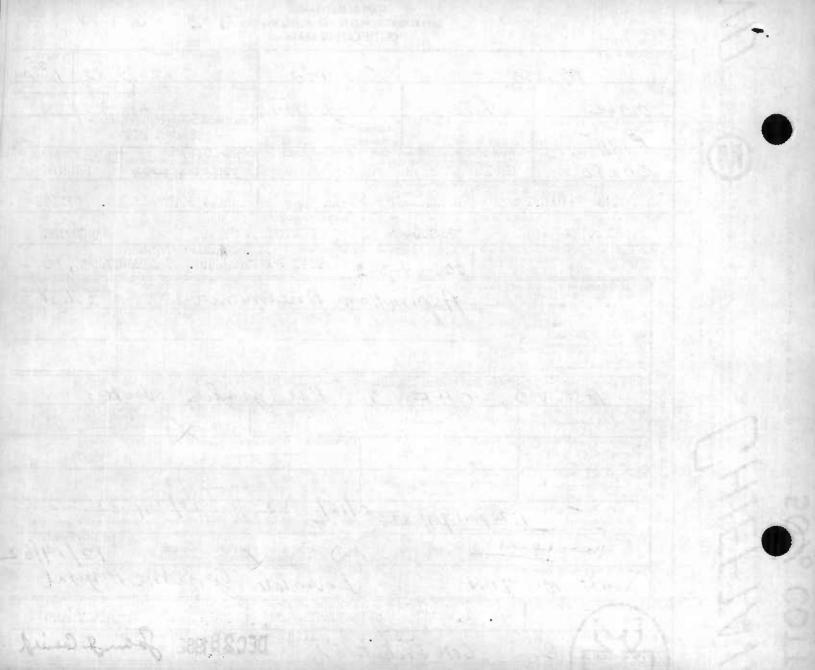


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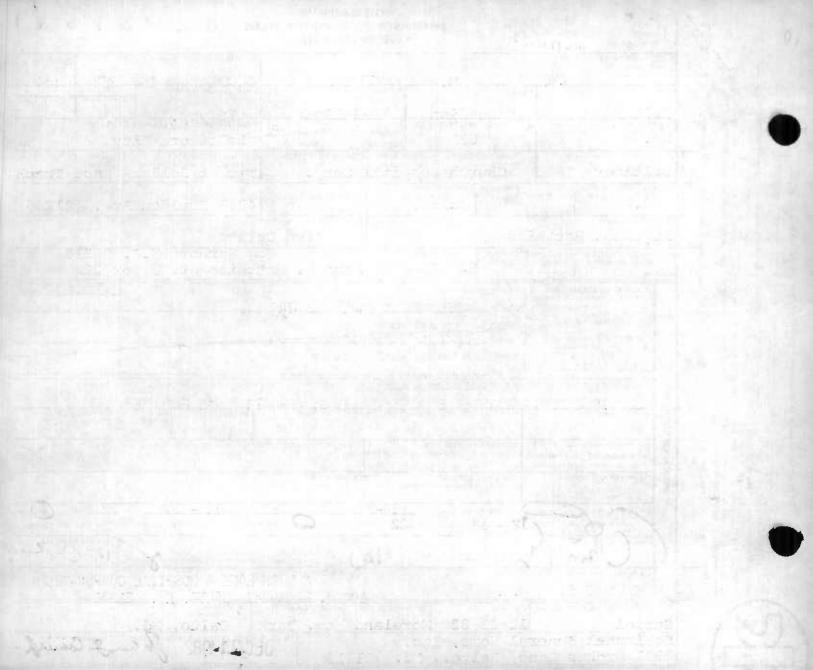
6	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 3	1637
. m.s	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	4 82 12:44P
6 60	JOHN	HALL	MASON	12	M
-00	3 SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR OF G	6. AGE IN YEARS LAST BIRTHDAY) 8 6 YRS.	MONTHS DAYS HOURS MIN.
- W 10	76. BIRTHPLACE STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	more City MD.
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS VAMC, Baltimo	ing home or other institution retailed. Maryland 21218	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS OR INDUSTRY
AND 212	130. STATE 13b. CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEF DUNTY 131, CITY OR TO		13e. STREET ADDRESS	+3+ 21218
ample 200	14 FATHER'S NAME FIRST Edward	MIDDLE LAST	15. MOTHER'S MAIDEN NO. FIRST MARY		Porown
TIMORE,	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 16b SOCIAL SE	CURITY NO. 17. INFORMANT Ruth Ke	ARNEY 430	9 KAthland Ave
DS, 201 W. PRESTON ST., BAI quires that the death certificate signed by the attending physic hen please remove carban pape to burial, cremosion, or removal. ijury, or other traumatic event, the	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSER	dear event watery failure wence of men preumonios DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND PEATH 3645 2 days IVEN IN PART 110
TAL RECOR	190 DAJE OF OPERATION 11/4/8/2 210. ACCIDENT WAS UNDERLYING	xolon as	Colon caner - HOPERATION WAS PERFORMED	YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
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TO HOSPITAL OR ATT retained by the hospit TO FUNERAL DIRECTS should be detached for with the State Dept. of MAPORTANT: If them 2	obave, (K(ye) (didirok	lesson my	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢. DATE SIGNED
Should with	22- BURIAL CREATION POLICE	(AL 201 DATE	VAMC, Balti	more, Maryland	21218
1)403RP	230 BURIAL, CREMATION, REMOV	AL 236. DATE 123	Church Church	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR				STRAR'S SIGNATURE
(VRA 15, 4)	Veenon R.	Barley B	48 N. CAlhour GDEC	6 - 1982 Xa	and labely



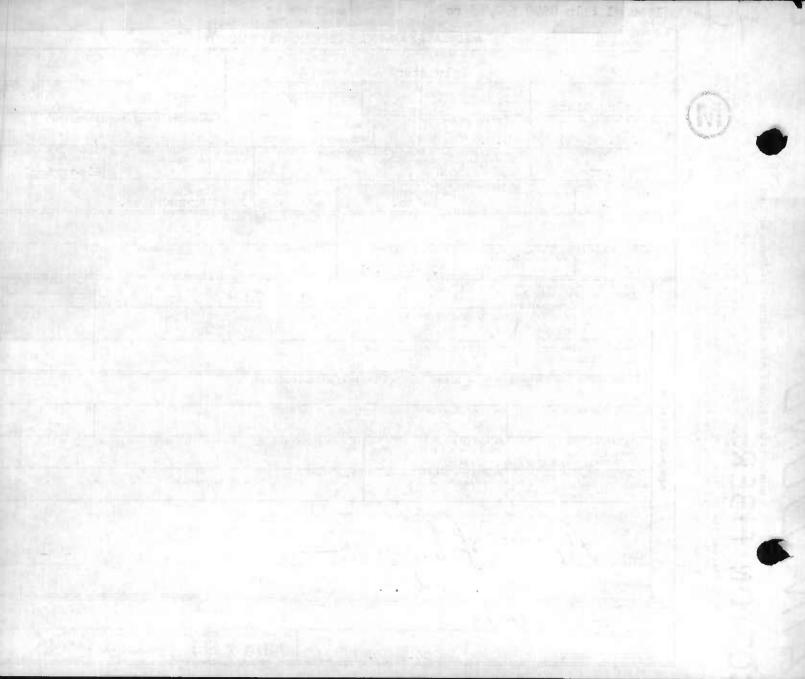
		FOR		DEPARTA		OF MARYLAND ALTH AND MENTAL HYG	IENE 8 2	3	6 3	9
	1-	STATE REGISTRAR				CATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST		MIDOLE	LAS	ST /	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HO	UR _
nay be page 3		Mus	SSA	30.74	MA	rssuda		12 19	82 /	25 pm
4 mo	3. SE		4. RACE	v	5. DATE OF	BIRTH OAY YEAR	6. AGE (IN YEARS LAST B	RTHOAY) IF UN	NDER I YEAR IF UNDE	ER 24 HRS MIN.
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5	,	BALTO	LEVIN	DALE HEBR	EW HOM	1E	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	FABRIC	C
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V. PR		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, O	R AS A CONSEQUE	NCE OF					
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OR ATI		obove, (we) (did) (did)	view the body	ofter death!		EGREE			22c. DATE SIGNED	
The est		host	grin	- 7/3/2	/	M.D. ATTENDING PHYSICIAN	DIRECTOR PHYS		12/10	1/82
		22d. PHYSICIAN'S NAME (TYPI		,		22e. ADDRESS	Opria	thir 1	turnital	0
O HOSPIT etained by TO FUNER should be a with the Str		KHIN M	· TUN	1.		Levindale	- John	VICN	1	1
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() () BP			DEC.	, 1392	ATTO	-1,	DALITMO	RI25h	MAKILANI) A A
DHMH - 16 50M 4/B2	1	INERAL DIRECTOR	711	6010° 12e	T.	MD 21215 0	EC281982	John	I con	uf
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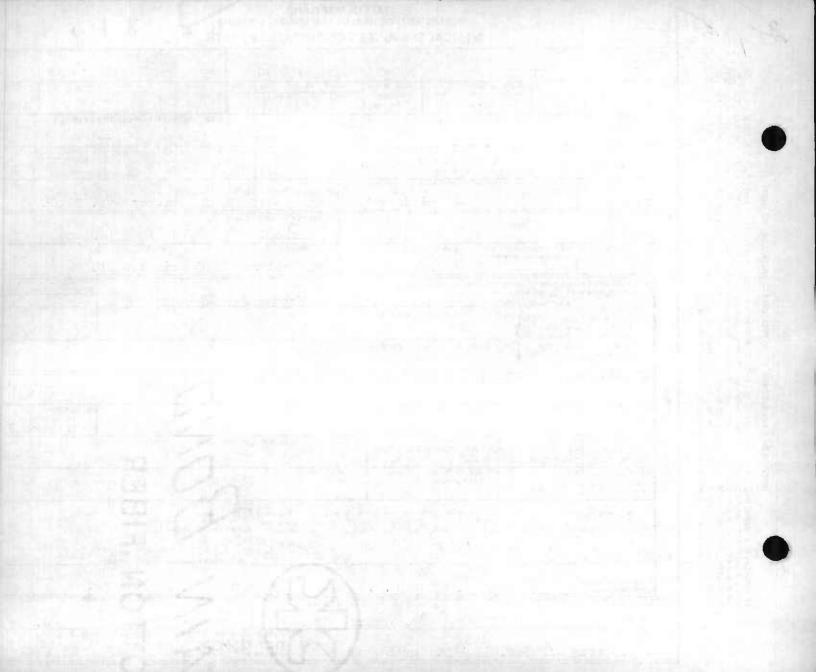
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BALTIMORE, MD. 21201) 14. F/	ATHER'S NAME FIRST		MIDDLE		ı	.AST		15. MOTHEI	R'S MAIDE	NAME	N	MIDDLE			LAST	
LTIMOF	IRS AFTER DEATH. GIVE PAGES 1. WITH FORM PM. PAGES I AND 2 DIVISION DEVIKE.	160 V	VAS DECEASED EVE ES, NO, OR UNKNOWN) NO	R IN U.S. ARA	MED FORCES	S?		IAL SECURI		17 INFORM	ANT			ADDRE	ESS	91		
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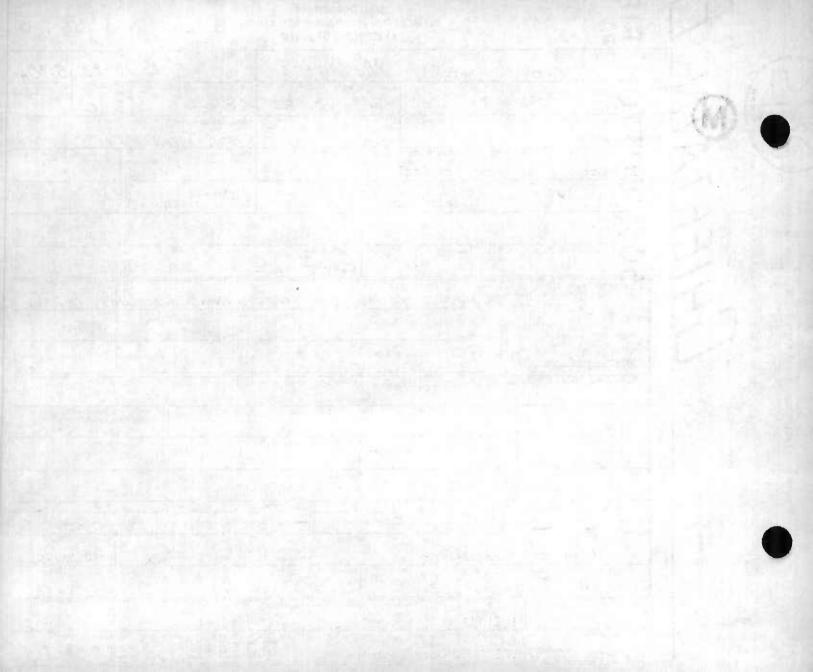
				STATE OF MARYLAND	
		1-	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6 4 3
			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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21201	2, AND 3 101 3. RETAIN P. SHOULD BEFAIRECORDS	130, ST		THE CITY OF TOWN 1 134 INSIDE CITY LIMITS? DE STREET ADDRESS	Albusville.
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WD.	ATH. IF S 1, 2, PM 3. VITALL	14. FA	THERS NAME	MIDDLE LAST FRST MAIDEN NAME MIDDLE	LAST
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NO NO	PAG		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS/5/4	PROON ST
BALTIMORE,	EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE DUID BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM. I, DIRECTOR: PAGE 3 SHOULD BE USED SA BURIAL - TRANSIT PERMIT, PAGES 1 AL WITH HISTAILE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	(4)	(IF YES, GIVE V	WAR OR DATES) 216-30-0037 AUGUSTUS MATTHOWS Appril	Pa.
	SS SI SI		18 CAUSE OF DEATH (Enter onl	ly one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
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<u>o</u>	WITHIN NCIL IN AINER A FRANSII VIAL HY		gove rise to immediate	(b)	
3	OR THE REAL		couse (o) stoting the under- lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
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	X B B B S S		ACTUAL	Deputy Chiefuspous Date	12/13/82
	A SERVE W		SIGNATURE	M Deputy Chief MEDICAL EXAMINER SIGNE)
	MO WE DE		EXAMINER'S NAME Th.	omas D. Smith, M.D. ADDRESS III Penn St. Balto.,	MD
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE BALTIMORE, MARY		(TYPE OR PRINT)	ADDRESS.	110.
	502549	23a B	JRIAL, CREMATION, REMOVAL 2	136 DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUN	TY STATE
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00%	DHMH - 17	24 F	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b TGISTRAR'S S	GNATURE
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	1	FOR STATE REGISTRAR			NT OF HEALTH	AND MENTAL HY	GIENE 8 2	3 1	Ó	4 5
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be executed an ond construction on the second construction of the second co		WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b.	SOCIAL SECURI		formant rolyn Bake	ADDR er 1414 Edis		ay	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21200 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours in ordending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fille the and Mental Hygiene prior to burial, cremation, or removal. Onked or them 18 shows any injury, or other troumatic event, the medical good mer must be presented as the medical good mer must be proved or them.	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUEN A CONSEQUEN RIBUTING TO DE	CE OF	ELATED TO THE TERA	minal disease or con	IDITION GIVEN IN	PART 110	
TAL RECORDS TAL RECORDS The law requirition. The law requirition. The law requirition. The law requirition of the law perior to be shown and in the show and injuries.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH O	PERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF D	USED DEATH?
PHYSICIAN: TI ending physicia this certificate be buriol-transified and Mental Hygin dogr Item 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	JURY MONTH DAY	YEAR 19 21c. H	OW INJURY OCCUR	RRED (ENTER NATURE OF INJU	- Lond		
DIVISION OF TOTAL	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME STREET, F.	NJURY ACTORY, OFFICE, FARI		OCATION STREET	CITY OR TO	WN CC	OUNTY	STATE
OR ATTEND he hospitol of DIRECTOR: A coched for use E Dept. of Heol		270.1 certify that (1) (this hosp sow the deceased alive or obove, (1) () (did) (27b. SIGNATURE	12-10	19 8	DEGREE	E ATTENDING	death accurred on the d	ote and hour and t	from the cause	
TO HOSPITAL retained by the TO FUNERAL should be determined by the State with the State IMPORTANT: I	22	22d PHYSICIAN'S NAME (TYPE) DORA F	ERNANI		M	PHYSICIAN DORESS ERCY Ho	DIRECTOR PHYSIC		UL PLI	POE
66 BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR	12714/82		Cathed:		23d LOCATION CITY OR TOWN Baltimor			STATE Md.
DHMH - 16 50M 1/81 (VRA 15, 4)		m.C.March F/H I	nc.1101 E.	North .	Avenue	25a. DA	TE REC'D. BY REGISTRAR EC 14 1982	John STRAR'S	2 Gu	will



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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12-16-82

STATE

REGISTRAR

Burial

Leonard J. Ruck, Inc.

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

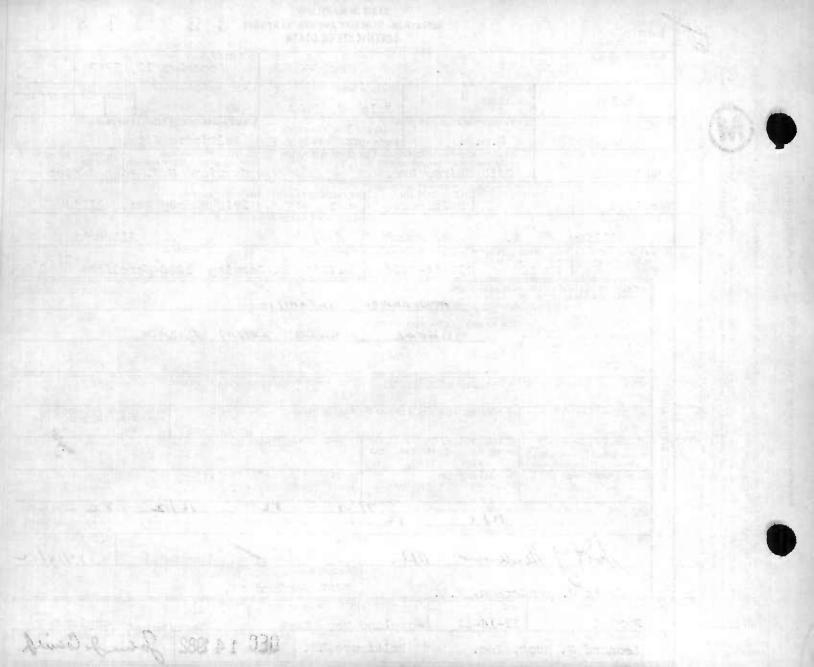
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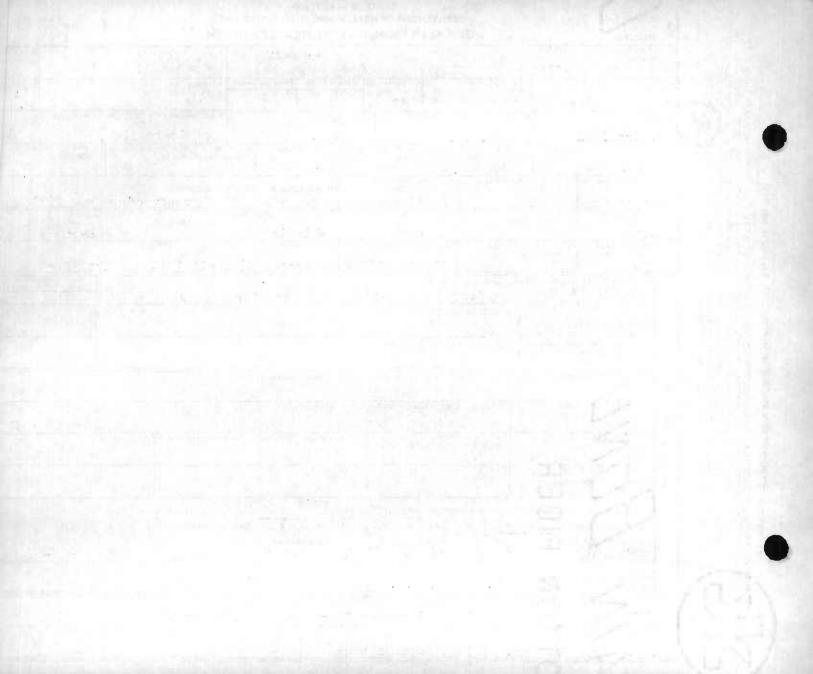
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR REG. NO DECEASED NAME McDOUGAL 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-William DEATH MATED 12 15 1982 MELVIN McDougale) 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) MONTHS DAYS PRONOUNCED 1982 DEAD 15 25 MALE Black 10 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH HITTHPLACE (STATE OF MARRIED NEVER MARRIED EIGN COUNTRY WIDOWED 3 DIVORCED Baltimore City Carolina U.S.A. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 708 N. Brentwood Avenue UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY Baltimore YESKE NO [1708 Brentwood Avenue 21218 Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST FIRST John McDouga1 Liddie Evans 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-26-1157 Ammeretta Mitchell 1016 N. Carev St-18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 1 IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id. 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FUNDED TO FUNDERAL DIRECTORS PAFIE DEATH WITH THE ST BAILTMORE, MARYLAND, T 220 I certify that I took charge of the remains described above, held an and in my opinian Inquiry death resulted from Natural causes Homicide Undetermined manner TITLE (SPECIFY) DATE 12-16-82 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth. M.D. III Penn Street (TYPE OR PRINT) 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE 731 NAME OF CEMETERY OR CREMATORY COUNTY STATE BURI AL 12/27/82 Littleton Star Cem. Littleton N.C. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHAMH - 17 Wm. C. March F/H Inc. 1101 E. North aVenue (VR A15 ME (5))

20M 4/82



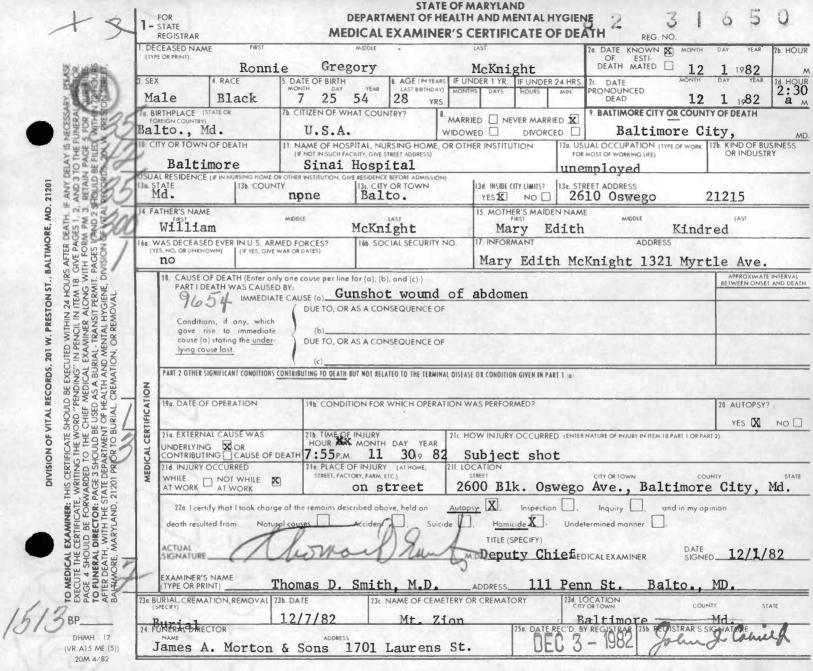
Mitchell-Wiedefeld Home. Inc. Balto., Md.21212

STATE OF MARYLAND

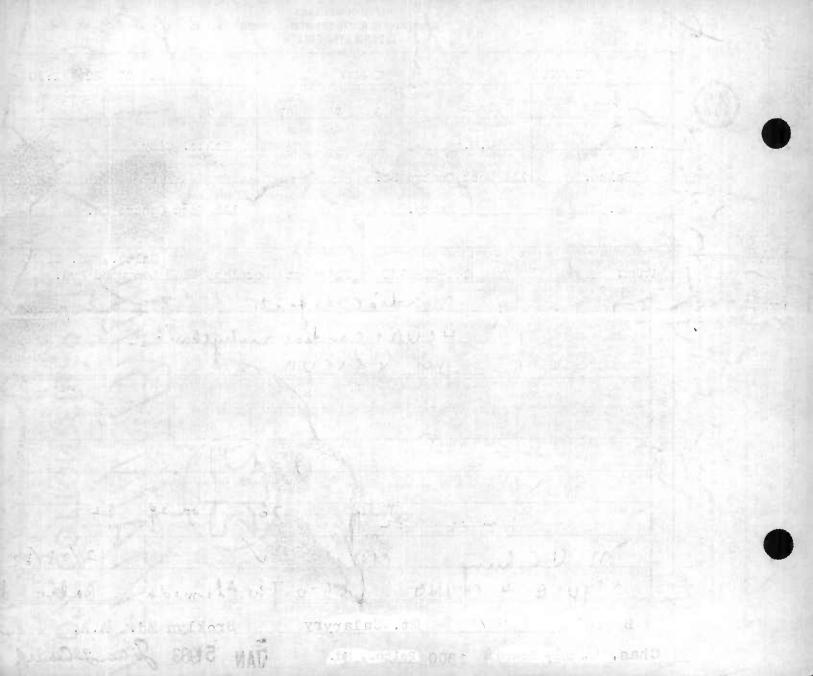
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(VRA 15, 4)

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3 6	FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 3	1651
	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
1 7 1	(TYPE OR PRINT) WILLIE		MCLEOD	12 2	7 82 2:30 P
6	3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
(1/1)	Male	Black	MONTH DAY YEAR	75 YRS	DAYS HOURS MIN.
things of	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	7 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
4 11 10	N.C. ID CITY OR TOWN OF DEATH	U.S.	WIDOWED DIVORCED UNION	Balto City	MD.
1 11 100		(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	
120	Balto. WSUAL RESIDENCE UE NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	e St.		
20 4 34 2	13a STATE 13b CO	UNTY 13c. CITY OR TO	WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
LA Part 12	Md.	Balto	YES NO 15, MOTHER'S MAIDEN N	111 West Centr	e St.
complete fulls	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
5 0-	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES,	ARMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORMANT	ADDRESS Balt	o., Md. 21216
ortificate be exectly physician and contropers. Pages emovol.	Unkn.	244-09-	6746 Elizabeth D	Douglas 1150 Long	
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Ne Per Per Per Per Per Per Per Per Per Pe	TIFIC			YES NO YES	ING CAUSES OF DEATH?
SICIANI The ng physicio certificate i riol-tronsit entol Hygie them 18 sho	OR COLUMNIA COLUMN OF	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	IT 1 OR PART 2)
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HOSPITAL OR ATTENDI bined by the hospitol or FUNERAL DIRECTOR: A build be detoched for use the the Stote Dept. of Heal PORTANT: If them 21 is m	220 I certify that (I) (this ha	not) view the body ofter beath.		medical staff Director Physician	Path, that (I) (we) lost and from the couses stated 22c. DATE SIGNED 12/2 1/52 Balto: M
Of or other Management of the state of the s	230 BURIAL, CREMATION, REMOV	AL 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
110 > BP	Burial	1/3/83	Mt. Calvary	Broklyn Md.	A.A.
DHMH - 16 50M 1/81	24 FUNERAL DIRECTOR	ADDRESS		ATE REC'D, BY REGISTRAR 256. RECOTE	AR'S SIGNATURE
(VRA 15, 4)	Chas, A. Ric		Eutaw Pl.	TAN 51983 /	and Comiel



/	-		STATE OF MARYLAND	(94 65
4	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 5 2
<i>y</i> , /	1.	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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70	THA	lifax Co. N.C.	U.S.A. WIDOWED DIVORCED Baltimore Cit	
E#895	1	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
DELAY TO TH PAGE FILE		Baltimore	1502 E. Federal Street Retired Barber	
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RE, MD. 21201 MATH. IF ANY DELAY IS TES 1, 2, AND 31 OT HE PM 3. RETAIN PAGE NND 2 SHOULD BE FILE. F. VITALIRECORDS, 201	W	ANY/AND	BATTIMORE YES B NO 1502 E. Federal	Street
MD. MD.	T4. F.	ATHER'S NAME	MIDDLE FIRST MOTHER'S MAIDEN NAME	LAST
DEATH DEATH AND	13	038 PM	March 121	noN
A PAGE	16a \	WAS DECEASED EVER IN U.S. ARA	NED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 166.	(E'LANKALO
T., BALTIMORE, URS AFIER DEA 18. GIVE PAGES WITH PORM PR NT. PAGES 1 AN E. DIVISION OF V	10	(IF YES, GIVE V	VAR OR DATES)	to A
S A GIN	\Rightarrow		1228-49-1795 IMOODINGS IN WILLIAMS S	APPROXIMATE INTERVAL
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EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE 3	1		Suicide . Homicide . Undetermined manner .	
AAA RTIF REC REC REC		dedin resolled John Front		
MAY A		ACTUAL /	TITLE (SPECIFY) DODUTTY Chief DATE	12/12/82
ATH ATH		SIGNATURE	M. Deputy Chiefmedical examiner Signed.	12/12/02
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGE BOATH, WITH THE ST. BALTIMORE, MARYTAND, 2	23a.B	URIAL, CREMATION, REMOVAL 2	Applicas	O mari
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WALTER DABROWSKI - 1005 DUNDALK AVE 21224

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE

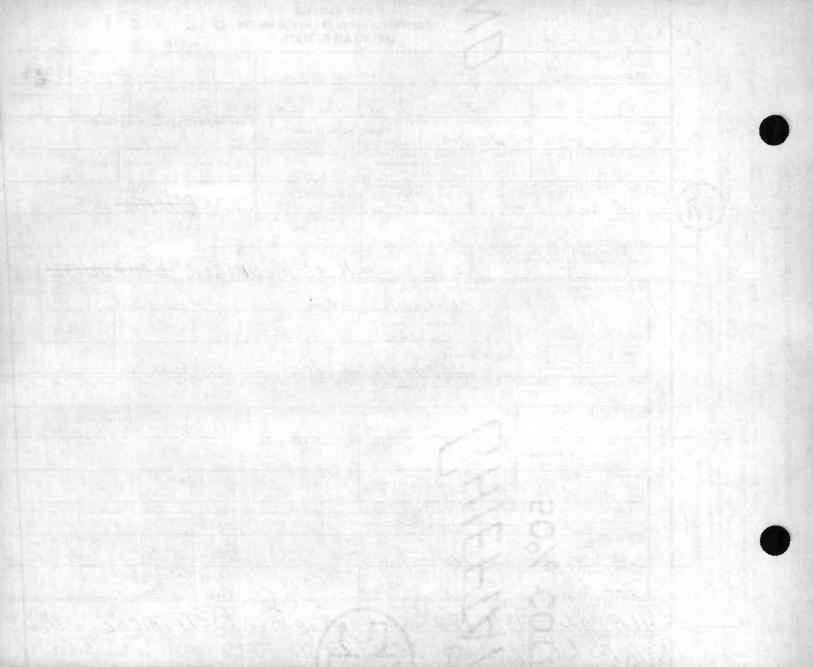
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ge 4 mc	3. SE.	m	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 19	6. AGE (IN YEARS LAST BIRTHDAY) S YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
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RE, M		VAS DECEASED EVER IN.U.S. AR			1531	CHARLUTTE.
IMO I Pape	- {	(IF YES, GIV	VE WAR OR DATES) 216-1	6-1500 KOSE ME	NHYGER 1531	CHAROLETTE ALE
RDS, 201 W. PRESTON ST., equires that the death certific signed by the attending ph. Then please remove carban p to burial, cremation, or remaining, or ather traumatic ever	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	them bosi	Carcer	
RECORDS. I RECORDS. Inas been signermit. There are no prior to be we any infur.	CERTIFICATI	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	MN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ZES NO NO
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TTENDIN pital ar TOR: Af for use a for use a af Health			ital) attended the deceased from	82, and that in (my) (aur) apinion	death accurred on the date and ha	, 19, that (I) (we) lost our and from the couses stated
the has the has a the has		22b. SIGNASUH	STI VIEW TITE GOODY CITE GEOTIE.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	12/14/82
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To To To H	230	DIRIAL, CREMATION, REMOVAL	12. 117 82 12	NAME OF CEMETERY OR CREMATORY	23d LOSATION Divorsion	DE MIN
2646 64	4	NERAL DIRECTOR	12/11/00 N	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	TE REC'D. BY REGISTRAR 25b. REC	STRAR'S SIGNATURE
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10.	STATE OF MARYLAND 1 - FOR STATE REGISTRAR STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SEG. NO.	165/
h. Page 4 may be firer, page 3 offer death	1. DECEASED NAME (TYPE OR PRINT) ETHEL M MIDDLE MIDDLE MERRY 177 12/6/82 3. SEX - 4 RACE 5. DATE OF BIRTH 6. AGE MINIMALAN MIDDLE MIDDLE DATE OF BIRTH 1. AGE MINIMALAN MIDDLE DATE OF BIRTH 1. AGE MINIMAL MIDLE DATE OF BIRTH 1. AGE MINIMAL MIDDLE DATE OF BIRTH 1. AGE MINI	FUNDER 1 YEAR 1 FUNDER 24 HRS. ONTHS DAYS HOURS MIN.
4 hours after deat de in by the id be kied with	WIDOWED DOORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION 13. USUAL OCCUPATION 14. NOTIFICATION OF HOSPITAL OF HOSPITAL OF WORKING LIFE 15. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
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s that the death certificate be executed by the attending physician and collects remove carban papers. Pages incl. cremation, or removal. or other troumatic event, the medical	SCAUSE OF DEATH (Enter only one couse per line for (o), (b), and k) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IAN: The low requires the physicion. irificate hos been signed be tronsity permit. Then plean oil Hygiene prior to buriol. In 18 showsony injury, or c	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, IN CERTIFY 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING 2015 OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	WERE FINDINGS USED ING CAUSES OF DEATH?
OR ATTENDI e hospital or DIRECTOR: A tripled for use Dept. of Heal	220. I certify that (I) (this haspital attended the deceased from 19 19 to 11 sow the descaped alive an abave, (V (we) did) did not) view the body after death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	9 ST., that (I (we) last and from the couses stoted
O HOSPITAL TO HOSPITAL TO FUNERAL is should be deter with the Store IMPORTANT: If	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN Balto., Md.	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd. 25 DATE REC'D. BY REGISTRAR 23 FREGISTRA DEC 7 - 1982	AR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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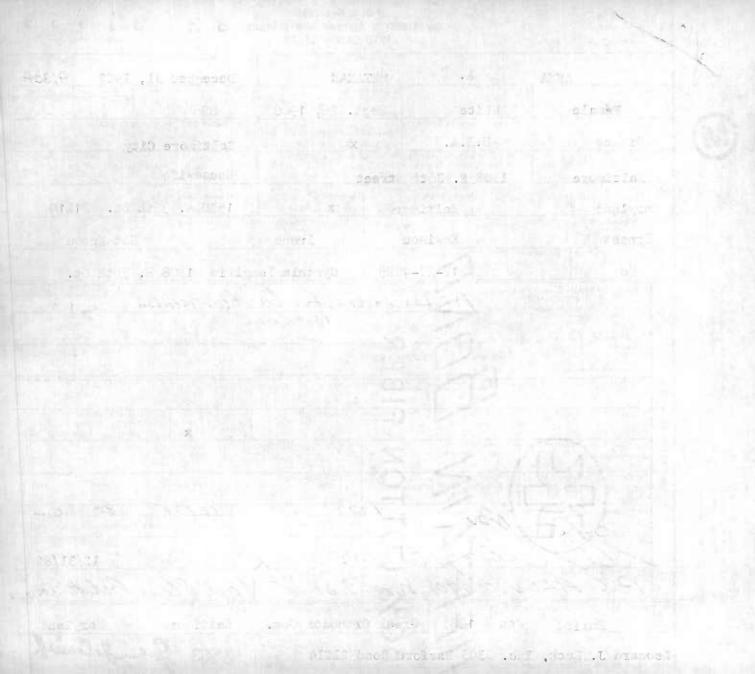
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100	1 SE	X		4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATE			
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0	6	Baltimore		1508	E. 36th	Housewi	e working	LIFE) INDUSTRY					
02	USU. 13a. S	AL RESIDENCE (IF NUR	136 COUN		130 CITY OR TOW		113d. INSIDE CITY LIMITS?	113e STREET ADDRESS					
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Ü	2	Ernest		WIDDIE	Kokinou	1	Irene	MIDDL€		Not Known			
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT						
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		274 SIGNATURE	11	110	, ,		DEGREE			22c. DATE	SIGNED		
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/		PA-C-			4705,7	mo	301 SA.	Paul Pa	luce	Bul	to mile		
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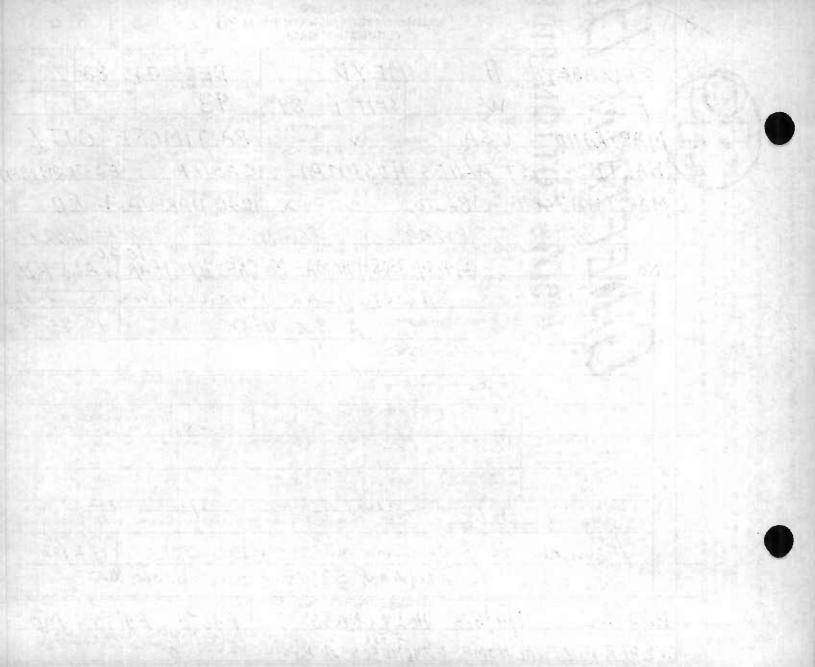
Leonard J. Ruck, Inc. 5305 Harford Road 21214

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Maryland



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8	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 1 5 5 0
7. 7.70		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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PA I	1. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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2 37 84	Je: 66	REPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	7 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
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d co		AS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	1020
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Open of the Control o		18. CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b),	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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dent dent		Conditions, if ony, which	(b)	DENCE OF A. S. C. V	, 12	
Pe di		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF		
they they call, or cath		underlying couse lost.	(c)			
S, 20	-	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
10 mm 1 m	TION	/\	VONET		Tan AUTORSV2 Tank (E.	YES, WERE FINDINGS USED
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ATT		abave, (1) (we) (did) (did no	at) view the body ofter death.	DEGREE	down decorred on the down one.	22c. DAJE SIGNED
Per		22b. SIGNATURE	D. Too	ALL ATTENDING	MEDICAL STAFF	1/2/88
A PA		22d PHYSICIAN'S NAME (TYPE	1 14 /200	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	
O HOSPITA etoined by TO FUNERA hould be do with the Stori	2	NOOM A	R. KU	74BW 3803 6	EDMONDSON	Vair -
5 5 5 5	23a. f	BURIAL, CREMATION, REMOVA	L 23b. DATE 23	C NAME OF CEMETERY OR CREMATORY	23d LOCATION	cours
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DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR		50. DA	TE REC'D BY REGISTRAR PIN PEC	ISTRAN BIGHTURE
(VRA 15, 4)	W	PAER FUNE	TAL HOME EVI	MONDSON AUF JA	N 4 1900	mod



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Virginia Miles 12 18 82 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS 49 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City, 126. KIND OF BUSINESS OR 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) 130. STREET ADDRESS 1605 N. Caroline Street 21213 Anderson George A. Miles 1605 N. Caroline Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN ____, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN O DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

Md. Veteran Cem.

STATE OF MARYLAND

DHMH - 16 50M 4/B2 (VRA 15, 4)

Wm. C. March F/H Inc. 1101 E. North Avenue

12/23/82

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

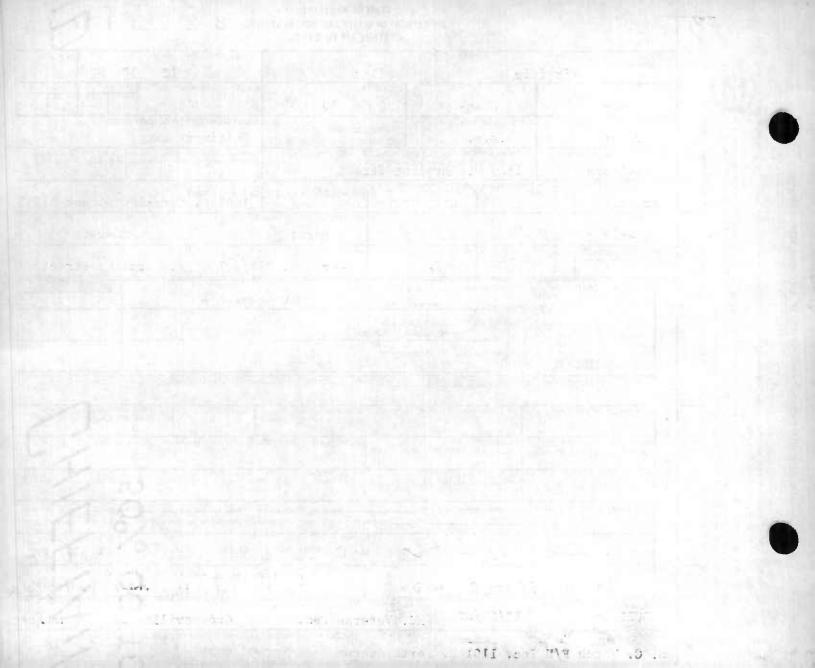
25a, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Md.

23d LOCATION

ITY OR TOWN

Crownsville



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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REGISTRAR

Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Body Fender Self 4511 Mainfield Ave. 21214 Mitchell 4511 Mainfield Avenue APPROXIMATE INTERVAL VOCARDIAL THEACTION RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE **§ 2**, and that in <u>(my)</u> (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 12-13-82 PHYSICIAN DIRECTOR PHYSICIAN Baltimore, Maryland Moreland Memorial Burial Dec 15 1982 Baltimore 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 Baltimore, Maryland Leonard J. Ruck, Inc. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER I YEAR

2b. HOUR

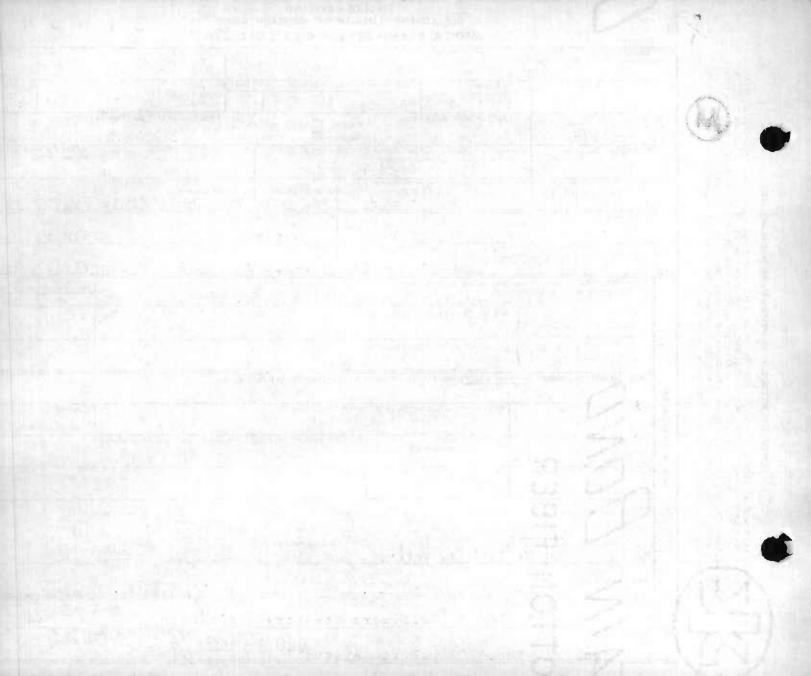
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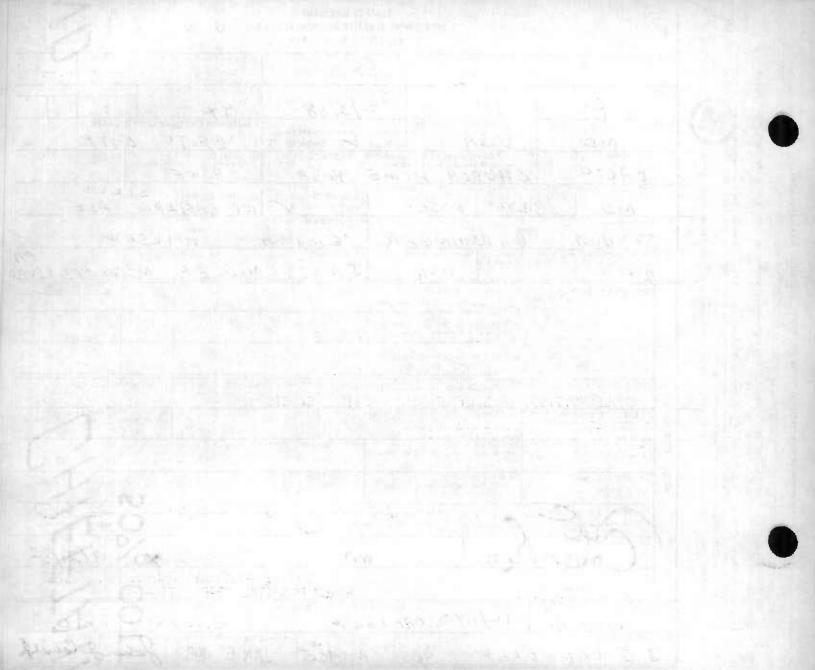
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 2b HOUR LIYPE OR PRINT ESTI-Esther Miller DEATH MATED 1082 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 10 82 5:45 Female Black 1896 86 YRS DEAD BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore U.S.A. WIDOWED X DIVORCED Carolina 12b. KIND OF BUSINESS II CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY 706 Springfield Avenue Baltimore 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 113h COUNTY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 Baltimore 706 Springfield Ave. 21212 Maryland YESK NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Edward Gilmore Carter Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO. OR UNKNOWN) 251-70-0316 Estelle Jacobs 706 Springfield Ave NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUF TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES NO [BE MENT TO BU 210. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21 LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY FUNERAL DIRECTOR: EP DEATH, WITH THE S THORE, MARYLAND, 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Natural causes XX death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12/7/82 Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 Margarita A. Korell.M.D. (TYPE OR PRINT) ADDRESS. 23d. LOCATION CITY OR TOWN 23C NAME OF CEMETERY OR CREMATORY 30. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL 12/10/82 Baltimore Cemetery Baltimore Md. 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Wm.C. March F/H Inc. 1101 E. North Avenue

20M 4/82

STATE OF MARYLAND

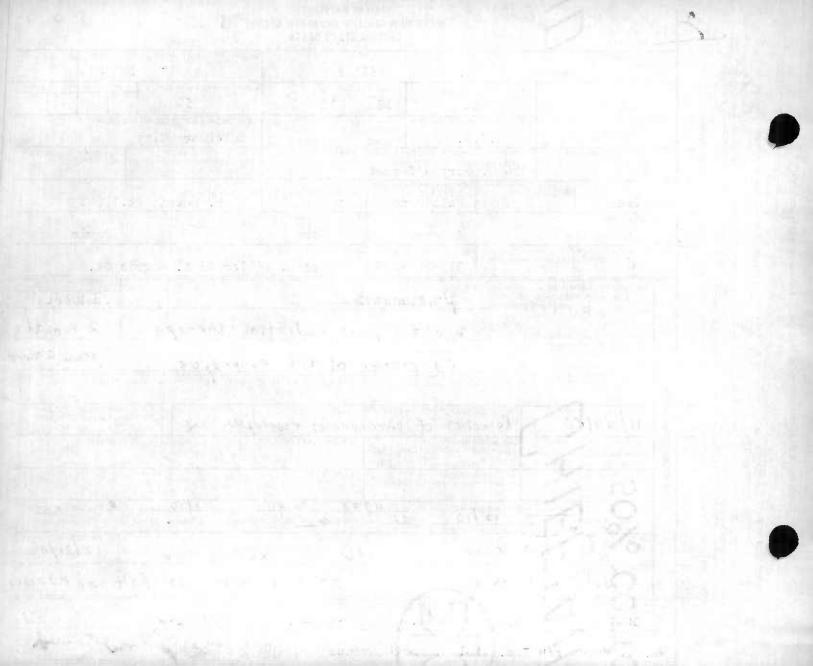


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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in the should be detached for use as the burial-transit permit. Then please remove carbonappers, Pages 1 and 2 should be that with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.	29	MEDICAL CERTIFICATION	Canditians, if any, very gave rise to immercause (a), stating underlying cause PART 2 OTHER SIGNIF CHOLECYST THOLECYST THOLECYST ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d, INJURY OCCURRET WHILE WHILE WHILE WHILE WHILE CHILD CHIL	CAUSED MAEDIATE Which diate the last. ICANT CC ITTIS CTOMY LYING JUSE OF DEAT EXAMINER) D THE DISTRIBUTE THE DISTRIBUTE	DUE TO, OI DUE TO, OI DUE TO, OI (c) AC DUBITIONS CC CHOLE 196 CONDITIONS CC CHOLE 198 CONDITIONS CC AC CHOLE 198 CONDITIONS CC CHOLE 198 CONDITIONS CC AC CHOLE 198 CONDITIONS CC CHOL	LIMONAR R AS A CONSE LIGHT TU DISTRIBUTING LITHIA TION FOR WH CYSTITI FINJURY M. MONTH M. DF INJURY BET, FACTORY, OFF	QUENCE OF RENAL OUENCE OF BULAR N TO DEATH BUT SIS. PO IICH OPERATIO S DAY YEAR 19 ICE, FARM, ETC.)	EROSIS NOT RELATED TO THE SSIBLE SEP WAS PERFORMED 21c. HOW INJURY OF 21l. LOCATION STREET	SIS DECCURRED BE A CONTROL OF THE ACCUMENTATION O	20g AUTOPSY? YES NO X (ENTERNATURE OF IN CITY OR A TO 12/ Th DOCCUTTED ON THE AEDICAL ST IRECTOR PHYS ROADWAY	20b. IF YES, IN CERTIFY YES STURY IN ITEM 18 PA	WERE FINDING CAUSE: COUNTY 9 82 and from the	INGS USED S OF DEATH? NO STATE
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(VRA 15, 4)

STATE OF MARYLAND



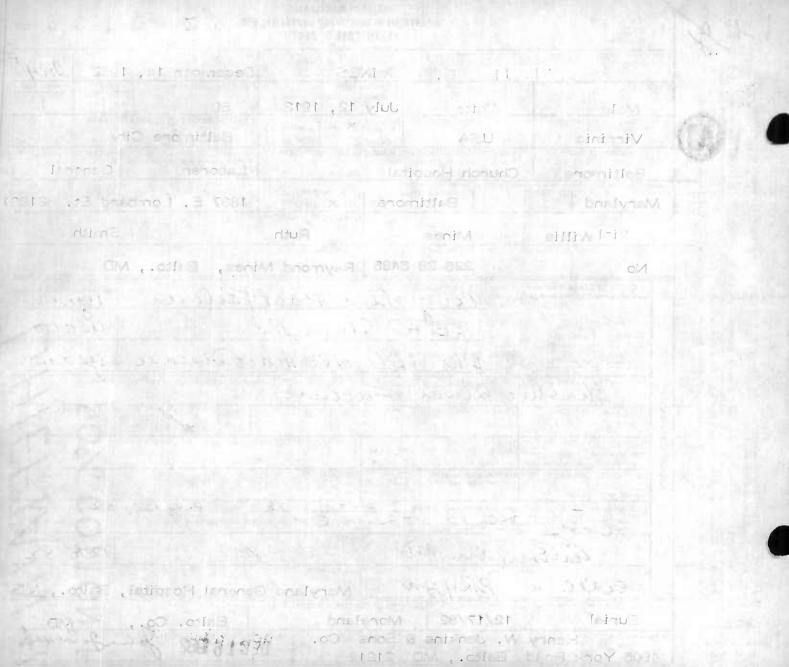
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AL O AL D AL D detoc ote D ote D		226. SIGNATURE DOWN X	O. Long	U	100 P		MEDICAL STAFF		12/5/82
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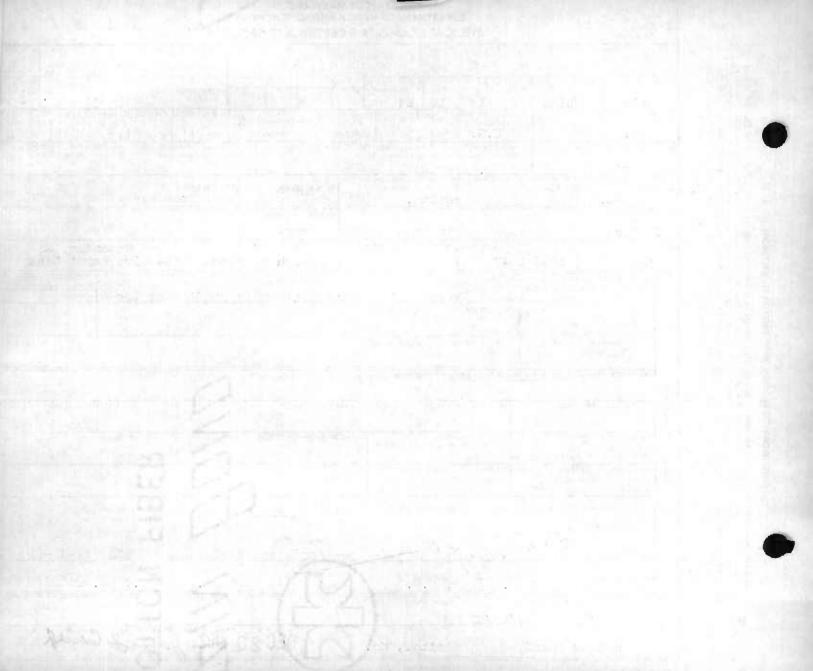
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	A S S S H S			ge of the remains described ob		opsy X. Inspection		nd in my opinion
	SE S		death resulted from: Note	rol causes XX Accident	L., Suicide L	, Homicide,	Undetermined manner,	12/7/82
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	SH SH SH		SIGNATURE	Shan		M.DAssistant	MEDICAL EXAMINER	SIGNED 1702
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR, TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		EXAMINER'S NAME	D. Consult	A D	11	Penn Street, B	Balto.MD
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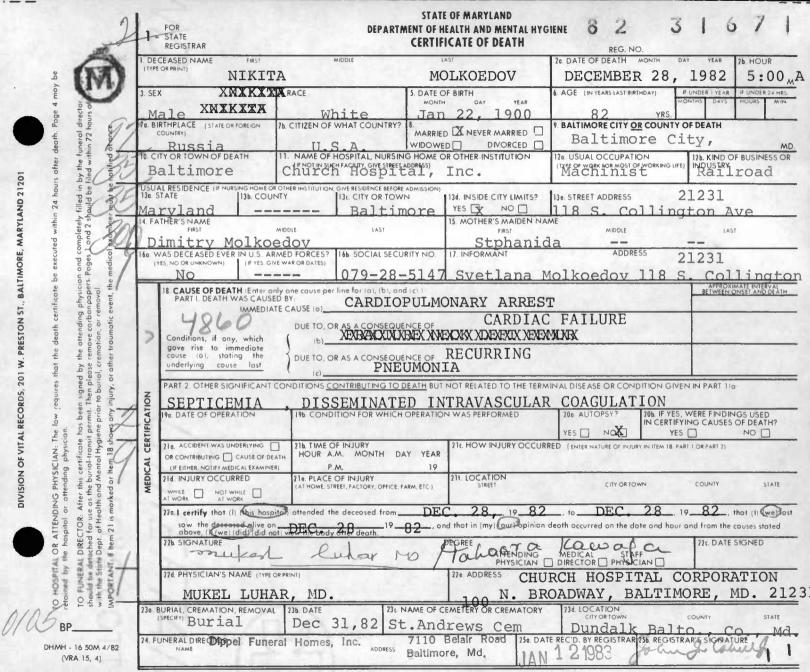
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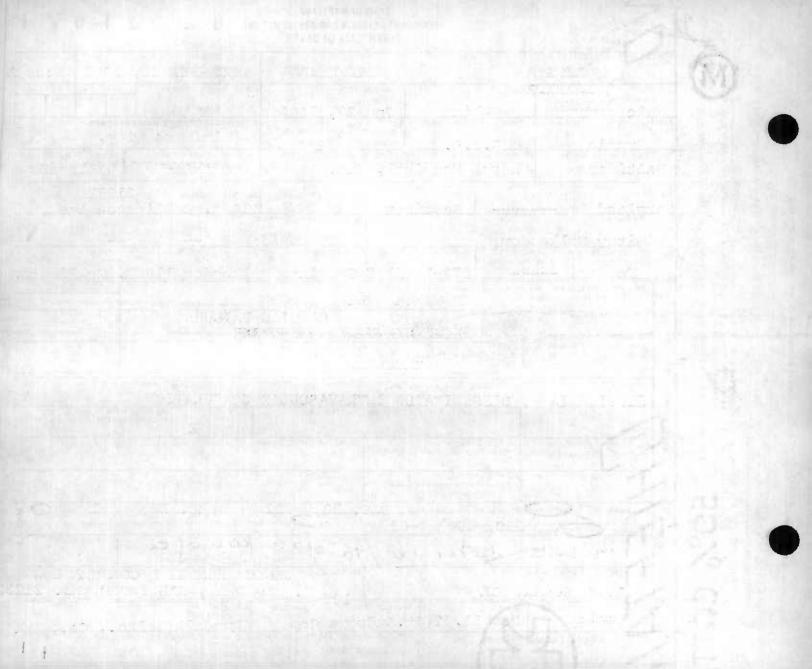
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. 20	ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM 1 FA MEDICAL EXAMINER ALONG HEA AS A BURIAL -TRANST PERMI HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.		lying coose ii	usi.	(c)												
DIVISION OF VITAL RECORDS,	AA BE SE		PART 2 OTHER SIGNIF	ICANT CONOITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL DISEAS	E OR CONDITION	GIVEN IN PART	T 1 (a)					- , , , , , ,	
0	AAS A ALTH	MEDICAL CERTIFICATION	Large Artists														
2	SHOULD SH	3	19a. DATE OF OP	ERATION	196 CONDIT	ION FOR	WHICH OPER	ATION V	AS PERFOR	MED?		N.			20 A	UTOPSY?	
1	SHOUL CHIEF TOF HE	E													Y	res 🗌	NO X
O.	ATE SIE WORLD BE WENT	CE	21a. EXTERNAL C		21b. TIME OF HOUR A.M		DAY YEAR		OW INJURY	OCCURRED) (ENTER NAT	TURE OF INJU	RY IN ITEM 18	BPART I OR P.	ART 2)		
NO	SHOOF S	3	CONTRIBUTING	CAUSE OF D			19										
VISI	PRI SEP	03	21d INJURY OCC		21e PLACE C	ORY, FARM, ET			CATION			CITY OR TOW	'N		OUNTY		STATE
□	WRI WRI ARE AGE ATE 1201	2		T WORK)		,								20111		5.772
	INER: THIS CERTIFICATE SHOUTONE, ICATE, WRITING THE WORD 'S FORWARDED TO THE CHIEF TORE, PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF AND, 21201 PRIOR TO BURIA		22a. I certify th	ant I topk charge	e of the remains des	cribed aba	ve. held on	Autap	sv .	Inspection	X.	Inquiry		ind in my a	nenian		
	L EXAMINER: E CERTIFICATE DUID BE FORV L DIRECTOR: F H, WITH THE S MARYLAND,		death resulted l		al causes X,	Accident		cide _	, Hamic	-		mined mor					
-	KAN PERTI		2004-1-210	DOM	. 70 /	Du			TITLE (SI								
	MACAE.		ACTUAL SIGNATURE	MVV	NOW	X	_	N	D Ass	istant	MEDIC	AL EXAMI	NER	DATE	ED 12	2-17-	82
	SEA SEA		/		./											11.50	14111
	A SHEET		(TYPE OR PRINT)	ME An	n M. Dixo	on, M.	D.	10	ADDRESS_	111 F	Penn S	St.,	Balto	o., N	ld. 2	1201	
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR TO THE CERTIFIC AFTER DEATH, WITH THE BARMORE, MARYLA!	23a.B	URIAL, CREMATIO	N, REMOVAL 23	3b. DATE	23c. N	AME OF CEA	AETERY C	RCREMATO	ORY	23d. LOC.	ATION		COL	UNTY	57	ATE
- 201	BP		Remov	al	12/17/82						11.7%		- 44				
0301	DHMH - 17	24 F	UNERAL DIRECTO	R	ADDRESS			100		So. DATE R	20 19	EGISTRAR	250 REG	SISTRAR'S	SICHATI	JRE 1	
	(VR A15 ME (5))		Anato	my Boar	d	Balt	to., Mo	1.		DEC 2	2 U 18	104	John	mot	, 6	my	
	20M 4/B2											-					

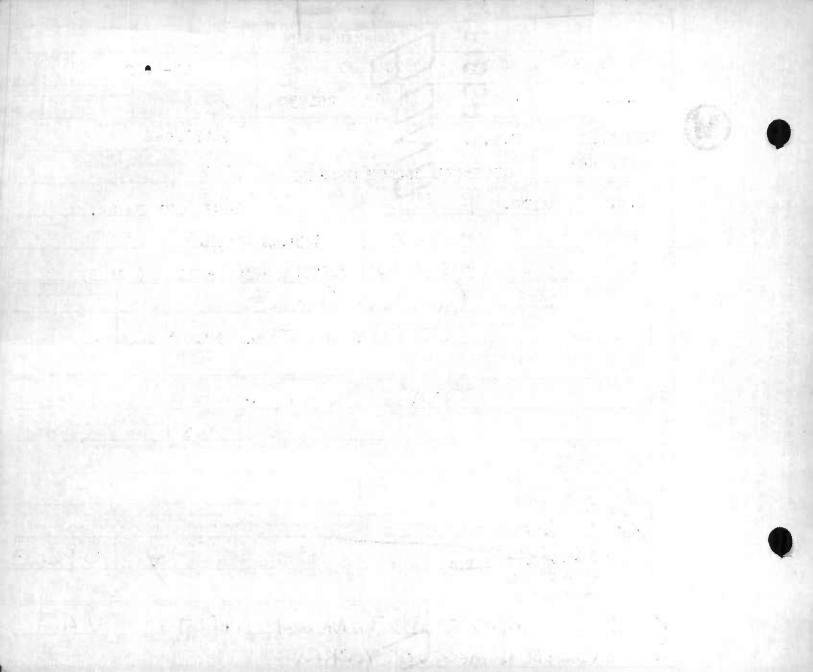






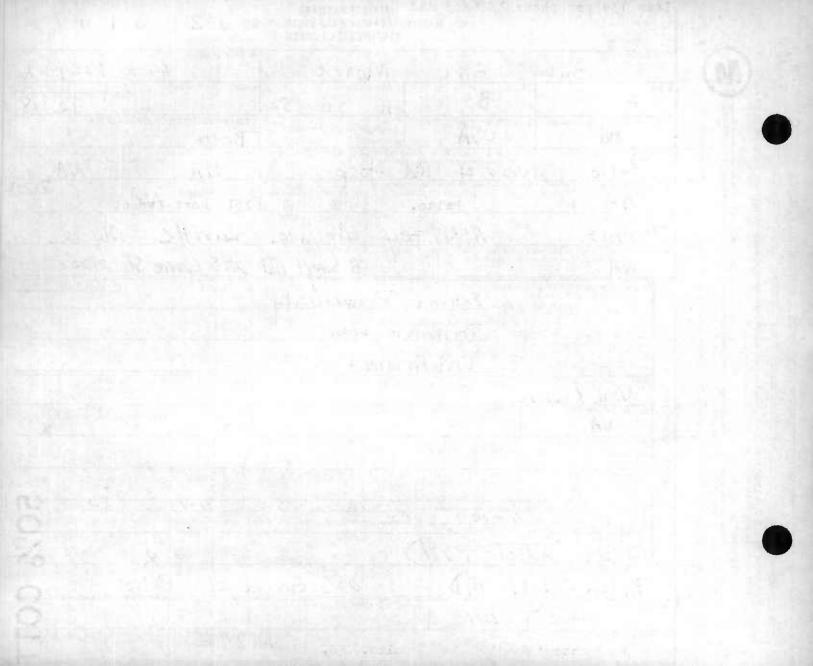
THE COURT OF THE PROPERTY OF T The transfer of the second sec to be a standard of the standa A LONG TO THE STREET PROPERTY OF THE PROPERTY OF THE STREET, VA. 12. and the second of the second of the second AL ELIST AT A TOMBER OF THE STREET AND A TOMBER OF THE STREET THE SECOND SECOND WITH SECOND TO SERVICE THE REPORT OF THE PROPERTY OF THE P with the state of e who have they the . But the tile. The

67		FOR STATE REGISTRAR		CERTIFIC	FMARYLAND TH AND MENTAL HYG ATE OF DEATH	REG. NO		6 7 3		
254	1. DE (TYPE	CEASED NAME ON FIRST OR PRINT!	COLER MON	TGOME	SX	20. DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR		
	3. SE	MALE	NEGRO	5. DATE OF B	2°0193°0	6 AGE (IN YEARS LAST BIRTI		YEAR IF UNDER 24 HRS DAYS HOURS MIN.		
MO.	70. B	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED WIDOWED	NEVER MARRIED	BALTIM	R COUNTY OF DEAT	MD.		
11 155		BALTIMORE THE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A BALTIMORE COT	UNTY G	ENERAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		ND OF BUSINESS OR		
11 26	130 5	M.D. BAL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 13¢ CITY OR TOWN	N 13d	ES NO 🔀	130. STREET ADDRESS 3405 MA	YFAIR RD.			
13030		LEON	MONTGOMER:	Y	MOTHER'S MAIDEN NAME FIRST LOUISE	UNTHANK		LAST		
on and c	160. V	VAS DECEASED EVER IN U.S. ARV ES, NO OF LINKNOWN) (IF YES, GIVE	ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS WELTINA MONTGOMERY ONLY ONE COUSE PER LINE FOR 1919, (b), only one couse per line for 191, (c), only one couse per line							
ed by the offending phy leade remove calbon at all cremation, or remov ar other traumatic event		Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	cent	twee -	dien			
at Then property to the purey.	ATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	Ditte.	mel	VAL DISEASE OR CONT	- The	Mita		
d see but he has been been been been been been been bee	CERTIFICATION	J				YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES []	USES OF DEATH?		
a physical cartificat rial-tran ental Hy		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	7 2)		
frer this as the bu h and M prived or	MEDICAL	21d. INJURY OCCURRED WHILE ON NOT WHILE OF	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	I. LOCATION STREET	CITY OR TOW	N COUNTY	STATE		
oy the hospital or RAL DIRECTOR A detoched for use state Dept. of Heal NT. If Nem 21 is me		CHIRION T	View the body after death 19	- DEG	, 19 nat in (my) (aur) apinian o REE ATTENDING PHYSICIAN	, ta, ta, ta	22c. D	, that (I) (we) last in the causes stated DATE SIGNED		
round by		22d PHYSICIARA POWE MC OF 114-40-39	120 120	11	e. ADDRESS					
	R	FURIAL, CREMATION, REMOVAL	12/15/82 AR	ING LON	NATIONAL	ARLING C), A STATE		
16 60M 7/73 (A 15 (4))	7	INERAL DIRECTOR	dlame ADDRESS	19 Va	OKR DEC	REC'D. BY REGISTRAR	ISB REGISTRAR'S SIGI	Cahula .		



- 2-	1 - STATE REGISTRAR		DEP		CATE OF DEATH		REG, NO.	3 0	
:(M)	1. DECEASED NAME (TYPE OR PRINT)	Baby	GIVI	M.	30 re	20. DATE	OF DEATH MONTH	10 82	26 HOUR 9:30 Am
	SEX	4. RA	B	5. DATE O		6. AGE (1	N YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
corth. Post	BIRTHPLACE IS	TATE OR FOREIGN 76. CI	USA	TRY? 8. MARRIED WIDOWE	NEVER MARRIE		ORE CITY OR CO		MD.
s off s off filed the	Balt	12.0	TAME OF HOSPITAL, NU	IRSING HOME,O	R OTHER INSTITUTIO	N 120 USUA	OCCUPATION ORK FOR MOST OF WORK	ING LIFE) INDUSTRY	OF BUSINESS OR
ND 21:			INSTITUTION, GIVENESIDENCE E	BEFORE ADMISSION)	13d. INSIDE CITY LIM YES 🔀 NO [T ADDRESS	Heet	21213
	Denni	5	Meken	zey	15. MOTHER'S MAID	en NAME	a vette	Moo	P.
BALTIMORE, cote be executed by sicion and compers. Pages 1 wal.	160 WAS DECEASED	DEVER IN U.S. ARMED F		SECURITY NO.	B. Siegel	Ma 22	S. Greene	St. 212	61
ST., BALI	18. CAUSE OF PART I. DE	INVALEDIATE CAL	cause per line for (o), (b JSE (o) Extrem	el, and (cl.)	ematurit	ty		BETWEEN	MATE INTERVAL ONSET AND DEATH
. PRESTON the death c the ottendir remove cart emption, ar	Canditions, gave rise to couse (a),	if ony, which to immediate stating the	(b) Premo	vivie 1	abor				
201 es th plea urial, y, or s	PART 2 OTHE		IC) UNCE	TO DEATH BUT		E TERMINAL DISEA	ASE OR CONDITION	N GIVEN IN PART 1	a'
RECOR	190 DATE OF C	A PERATION I	96. CONDITION FOR WI	HICH OPERATION	WAS PERFORMED	20a AU	TOPSY? 20b.	IF YES, WERE FIND!	NGS USED OF DEATH?
N OF VITAL Signature of the control	OR CONTRIBUTE	G CAUSE OF DEATH	16. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY C				
DIVISION (DING PHYSIC) or attending After this ce to a the buring lith and Men marked or the	(IF EITHER, NOT 216. INJURY O WHILE AT WORK		10. PLACE OF INJURY AT HOME, STREET, FACTORY, OF		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDI potal or TOR: A for use of Heal	220.1 certify t		tended the deceased fr		d that in (my) (our) o	ppinian deoth occur	//-/O		that (I) (we) last couses stated
TAL OR A y the hoss RAL DIREC detached doze Dept.	MESIENATU	Sey	Am.		PEGREE ATTEND	DING MEDICA	STAFF OR PHYSICIAN	220 DATE	10 - 82
O HOSPITA House by O PuneRA O Pun	Bria	N'S NAME LIVE OF PRINT	mD		22. ADDRESS 225, 6	riene s	SV. Ba	.lto	
01 5413	(SPECIEY)	Removal 23b	11/14/83	23c. NAME OF C	METERY OR CREMA		CATION ity or town	COUNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIREC	Anatomy Bo	ard	Balto.	, Md.	JAN 24	P 1983 AR 251 R	EGISTRAR STONE	which

Item 13e per phone 1/26/83 dad STATE OF MARYLAND



			STATE OF MARYLAND	0 11	4 6 1
1	FOR - STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE & Z	3 1 0 /
	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
	ECEASED NAME , FIRST .	MIDDLE	LAS1		MONTH DAY YEAR 26 HOUR
1	PEORPRINT) ALONZ	1 L.	MOOLE		12-15-82 324
3 5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24
	M	13	MONTH DAY YEAR	80	MONTHS DAYS HOURS
70.	BIRTHPUACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8		YRS. PR COUNTY OF DEATH
5/3	COUNTRY	U.S.A.	MARRIED NEVER MARRIED	17371 ta	111
10.	CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED	12a USUAL OCCUPATI	ION 12b. KIND OF BUSINESS
LB	alto, Md	LUTHEL BU	EET ADDRESS)	Retired	
州	TAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEF UNITY 136. CITY OR TO		13e. STREET ADDRESS	
1	Nd	Balti	more YES NO	1706-101	LIV. Grove 21216
14.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	
X	James	Moore	Alice	WIDDLE	Jackson
160	WAS DECEASED EVER IN U.S. A			ADDRE	
	(YES NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES) N/A	Alice M. Ma	rshall 3210	Leighton Avenue
	Lin CAUSE OF DEATH S	only one couse per line for (o), (b),			APPROXIMATE INTERVA BETWEEN ONSET AND DE
	couse (o), stoting the underlying couse last.	DUE TO, OR AS A CONSEG	DUENCE OF		The state of
N.	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
E				YES NO	IN CERTIFYING CAUSES OF DEATH?
1 8	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	400	
	OR CONTRIBUTING CAUSE OF D	CAIN	DAY YEAR		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	19 211. LOCATION		
×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC) STREET	CITY OR TO	WN COUNTY STA
	22a.1 certify that (1 (this has	pital) Itended the deceased from	18-7 1082	- to 12 -	10 19 8 2 that (1) We
III E	sow the decensed alive	12 - 1010	-1	death occurred on the de	ote and hour and from the couses state
	22b. SIGNATURE	not) view the body after death	DEGREE		22c DATE SIGNED
	Heres	- Wyy	ATTENDING	MEDICAL STAI	F - / 12 / 2/
	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	PHYSICIAN (DIRECTOR PHYSIC	IAN IC
	10-111	1 1	1 41 0	1	-0'tal
22.	BURIAL, CREMATION, REMOVA	Lysnner	hulher		50191
230	SPECIAL CREMATION, REMOVA		Mount Calvary Cem.	Baltimon	COUNTY
2.4	FUNERAL DIRECTOR	12/13/02		TE REC'D. BY REGISTRAR	
		ADDRES			256 R. GISTRAR'S SIGN PURE
W	m.C.March F/H I	nc. 1101 E. Nort	th Avenue UL	C 13 1982	John of while

MAIN X

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Ileane / rene Moore 119 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE OF BIRTH DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED Black 04 78 Female DEAD YRS 15 19 8 TO BIRTHPLACE (STATE OR BIRTHPLACE FOREIGN COUNTRY'S 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED . C. USA WIDOWED X DIVORCED Baltimore City B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY 923 Aravle Avenue Baltimore UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 923 Argyle Ave DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13b COUNTY Balto. 13d. INSIDE CITY LIMITS? Md. 21201 YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Luke MIDDLE MIDDLE LAST Mattie Morris 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) 2022 Etting St. Bennie Morris No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cachexia IMMEDIATE CAUSE (o)_ DUE TO OR AS A CONSEQUENCE OF if dny, which gove rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 856 YES NOXX 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM ETC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22s. I certify that I took of Autopsy Inquiry ond in my opinion MEDICAL EXAMIN ECUTE THE CERTIFIC IGE 4 SHOULD BE F FUNERAL DIRECTO TER DEATH, WITH TI ITEMORE, MARYLAI death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy Chiefedical ExaminER SIGNED 12/15/82 EXAMINER'S NAME Thomas D. Smith. M.D. Penn St. Balto., MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial 12/20/82 Balto.Co. King Mem. Pk. Md. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** 1101 E. North Ave. March F/H (VR A15 ME (5)) 20M 4/B2

medical

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Hem 18

morked or

MPORTANT: If hem

CERTIFICATION

MEDICAL

STATE OF MARYLAND			
RTMENT OF HEALTH AND MENTAL HYGIENE	8	2	

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH CERTIFICATI	AND MENTAL HYG	REG. NO.	3 1 6	11
DECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH	OAY YEAR	2b. HOUR
JOHN JOHN	M. MOORE			12	28 82	4:15PM
SEX	4 RACE	5. DATE OF BIRTI	1	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
M	B	MONTH 10	OAY YEAR	62	MONTHS DAYS	HOURS MIN
BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	(5)(50 · · · · · · · · · · · · · · · · · · ·	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
Va.	USA	WIDOWED W	DIVORCED	BALTIMORE	1179	MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		ER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
Balto.	Hontehello	Heso:		(TYPE OF WORK FOR MOST OF WORK	(ING LIFE) I INDUSTRY	
	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		CIDE CITY LIVERS	In caper appear		
STATE 136 CC			SIDE CITY LIMITS?	3013 Ord	unal no	21216
FATHER'S NAME	Balto	/	THER'S MAIDEN NA		coron me	21214
FIRST	MIDDLE LAST		FIRST	WIDDLE	, LAS	ST
Charlie	Moore		Mamie		Lo	we
. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, 6)	ARMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 IN	FORMANT	ADDRESS		
	INI ZIZ-18-	9905 M	ary E. H	enderson 30	013 arun	iah Are
18 CAUSE OF DEATH (Enter	only one cause per line far (a), (b), o	and ich	LUNG DIS	CERCE	BETWEEN	ONSET AND DEATH
	IATE CAUSE (a)	CHRONIC	ZCING CI	10 77 GD		
5/88	DUE TO, OR AS A CONSEQ	UENCE OF				
Canditions, if ony, which	(b)				201 - 1-2	
gave rise to immediate)			The state of the s	120 120	
cause (a), stoting the	DUE TO, OR AS A CONSEO	UENCE OF		,	Y 33 L 1	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES []

216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER)

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

that (1) (we) lost

sow the deceased alive on. abave, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE

DEGREE ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c, DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

230 BURIAL, CREMATION, REMOVAL

MAULEON- VARGAS

22a. I certify that (I) (this hospital) attended the deceased fram

23c. NAME OF CEMETERY OR CREMATORY

Md. Ve. Cem.

22e. ADDRESS ARGONNE DR

> 23d. LOCATION Cheltenham, Md.

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR C March F/H

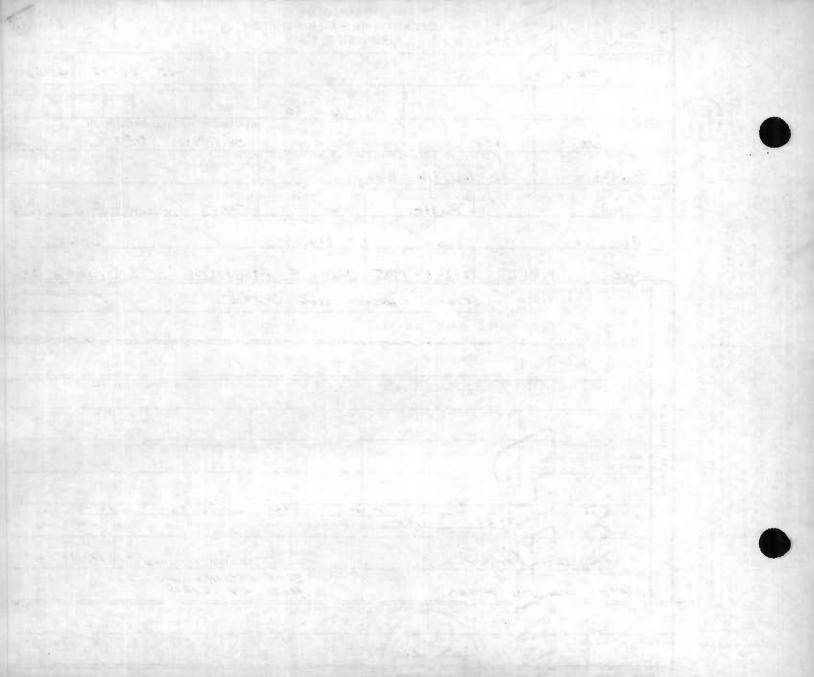
NOT WHILE

1/3/83

23b. DATE

110 PRESSE. North Ave.

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE.



	١,	FOR - STATE			DEPARTM		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	3	16	7	8
		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	Ю.			
M		CEASED NAME E OR PRINT)	FIRST	٨	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR	R
16		Ma	mie	Moor	re			12/29/82			7	PM
	3 SE		4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BI	_	ONTHS DAYS	IF UNDER 2	
		F		В		~11	/25/02 YEAR	80	YRS	DATS	HOURS	MIN.
10		RTHPLACE (STATE OR FO	DREIGN 7b	CITIZEN OF V	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city of Bal	to. Ci			MD.
10		Balto.		(IF NOT IN SUC	Midtown	Home	Inc.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND OI INDUSTRY	BUSINES	
33	73m	AL RESIDENCE (IF NURSIN STATE Md.	NG HOME OR OTH		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Balto.		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 3804 Se	quoia	Ave.		
200	14 FA	ATHER'S NAME	MID	DIE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAST		U _B II
60	2	Robert	В.		Gray		Mary	Mar		CAST		
1	16a V	VAS DECEASED EVER IN	U.S. ARME		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS	5-1-		
1		NO OR UNKNOWN)			246-36-36	011A	Johnson F/H	615 W. Ma	in St	Elkin,	N.C	
	NC	Conditions, if any, gave rise to imme couse (0), stating underlying couse	the last.	DUE TO, OR DUE TO, OR	R AS A CONSEQUE	NCE OF	PCUD. A	S C V D	DITION GIVE	N IN PART 11a	,	
9	CERTIFICATION	19a DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH	H?
9	1.550	21a ACCIDENT WAS UNDER OR CONTRIBUTING CA	USE OF DEATH	21b TIME OF HOUR A.A	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18. PAR	RT 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRE	D	21e PLACE C			211 LOCATION STREET	CITY OR TO	WN	COUNTY	ST	TATE
Ē		22a.l certify that (1) (t sow the deceased above, (1) (we) (dic 22b. SIGNATURE	alive an	1) 2.0	10 9		nd that in (my) (aur) apinion of DEGREE ATTENDING	MEDICAL STA	ate and haur	-		
1		22d, PHYSICIAN'S NAA	NG	HIC	HUNG		PHYSICIAN S 22e ADDRESS	e alane	la Ba	Ital.	4 d	28
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DHMH -16 50M 1/81 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR
Wm C March F/H 1101 E. North Ave.

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W	1.	STATE OF MARYLAND POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 1 5 8 0 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
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MARY AND SOL		John Lycett Frances Middle Lycett	
TIMORE.		NAS DECEASED EVER IN U.S. ARMED FORCEST 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 214-01-8244 John W. Ebbenhouse, 1614 Webster St. Balto	
DS, 201 W PRESTON ST., 84 quires that the death certifical signed by the attending physical properties temose corban page for burist, creasulton, or remove colon page of burist, creasulton, or remove equity, or other traumatic equit.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION, GIVEN IN PART 1:0	
OF VITAL RECOR	CAL CERTIFICATION	THE DATE OF OPERATION 100 CONDITION FORWHICH OPERATION WAS ERRORMED 200 AUTOPSY? 200 IN CERTIFYING CAUSES OF DEATH? YES NO YES YES	
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ы		22d. PHYSICIAN'S NAME TTYPE C	RENTY	. N	11	22e ADDRESS	D. 11	22222	11	0	-1011	
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	23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c. N	NAME OF C	EMETERY OR CREMATOR						-
	(BURIAL	12/18/8	32 M	t. Ve	rnon Cemeter		TY OR TOWN		OUNTY	STATI	E
	24 FU	INERAL DIRECTOR	122,2370		. , , ,	250	HE REC D BY	testone	EGICTRA	R'S S .N. 1	va	1
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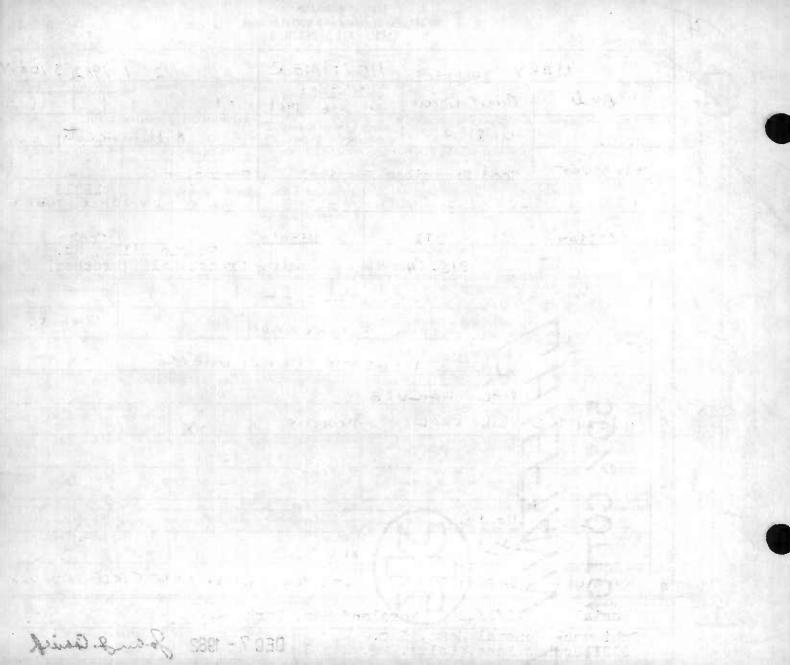
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IMPORTANT: If Hem 21 is marked or Hem 18 shaws ony

Wm. C. March F/H Inc. 1101 E. North Avenue

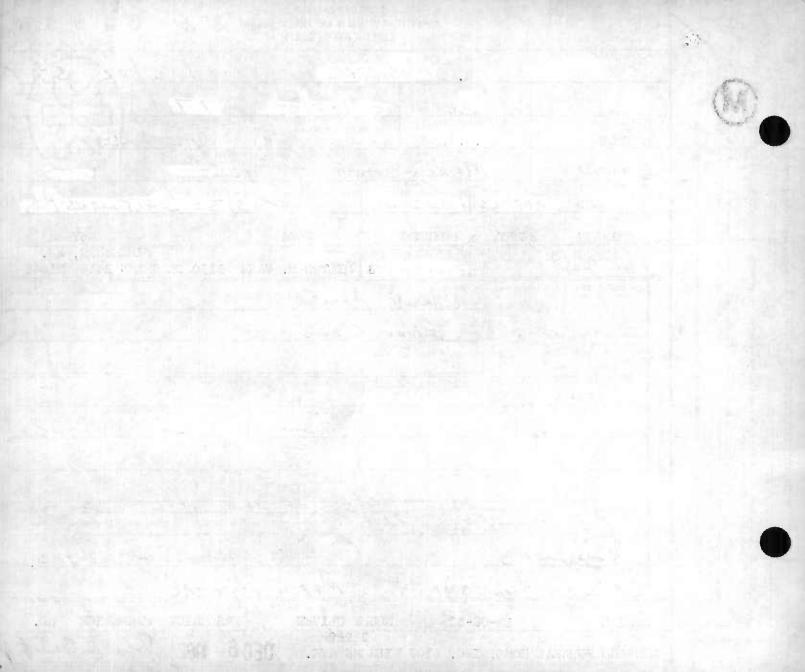
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LOECEASED NAME Mary Mortimer 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS MORTIMER Patricia 4 RACE 5. DATE OF BURTH 1.901 YEAR IF UNDER ! YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX Caucasian To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY 11.5. Himere Ci WIDOWED DIVORCED [HI CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SALTIMORE Good Samaritan Hospital Homemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21213 136. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? BAGIMORE LYNDALE AUENUE 3610 NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ANIDDLS LAST Hall William Minnie Cooke Temple Hills, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) lecords & Ernest Hall (brother) 215-54-0598 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIAC HEREST IMMEDIATE CAUSE (a) 24 hrs. DUE TO OR AS A CONSEQUENCE OF FIBRILL ATION ATRIAL Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last HEART DISEASE ISCHEMIC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, RENAL FAILURE 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ATERAL B-K VASCULITIS NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an bove, (I) (we) (did not) view the body after death. 1982 a, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS should b PER MILLS CIRCLE SABAPATH KAMESH S 231 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE (SPECIF Burial 12/3/82 Md. Moreland Mem. Park Balto. 24 FUNESCHAGAINER Funeral Home, Inc. DHMH - 16 50M 4/82 3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)



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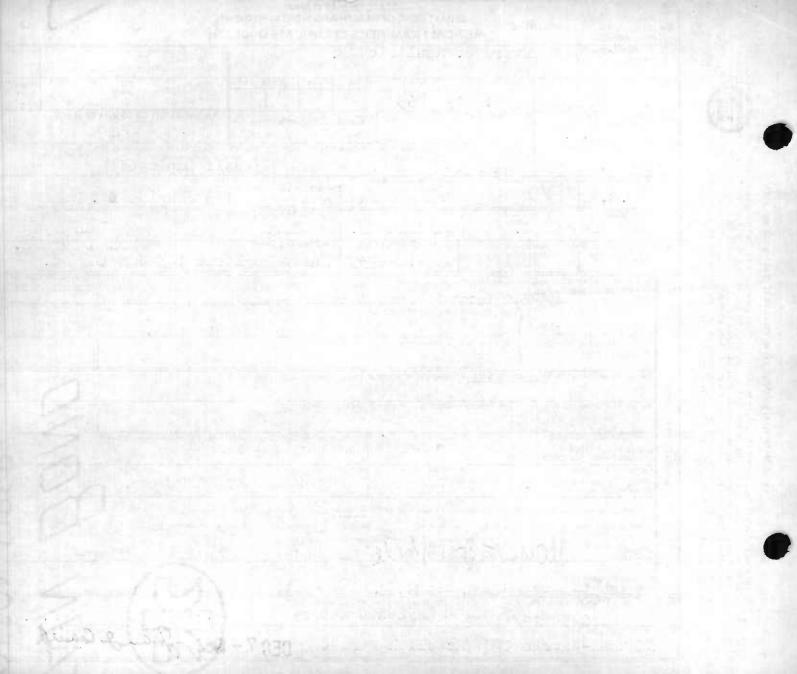
STATE OF MARYLAND



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20M 4/82

STATE OF MARYLAND



1 1	FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE 8 2	3 1 6 8
	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Pla E		HELMA L.	MOUNT	DECEMBER 24.	1982 12:1
THE PLANT	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 H
AAI)	Female	White	June 2 1916	66 YRS.	
3	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
\$27	Md.	U.S.A.	WIDOWED DIVORCED	BALTIMORE C	
200	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS IFE) INDUSTRY
2	BALTTMORE	THE J	OHNS HOPKINS HO	SPITAL Homem	aker -
000	In. STATE 13b. COL	INTY 13c. CITY OR	TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
005	Md.	- Balt	imore YES 🛛 NO 🗌	1118 Hewitt	Way 2120
2 4	I. FATHER'S NAME	MIDDLE LAS		WIDDLE	LAST
200	unknown		Mamie	ADDRESS	unknown
77-1	(YES NO OR UNKNOWN) IF YES G		SECURITY NO. 17. INFORMANT		17 030
- the	110	219-0	7-3092 Wm. Mount	, Jr. 1119 Ev	
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corb o, or natic	2000	DUE TO, OR AS A CONS	EQUENCE ON	1 2 20	71.
on roun	Canditions, if any, which gove rise to immediate	(b)	Huge Coulent	happoulle	Thos
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ol, c	underlying cause last.	(c)		1.04	
lury, o		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1101
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ws o		17. 00. 01. 01. 10. 11	THE TOTAL PROPERTY OF THE PROP	IN CERT	IFYING CAUSES OF DEATH?
sho	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART L OR PART 2)
- 5.00	OR CONTRIBUTION TO CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	The first water of the or the or the or	.,
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V pu	WHILE NOT WHILE AT WORK	THE PEACE OF INJURY		CITY OR TOWN	COUNTY STATE
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Heo S		pital) attended the deceased for		death occurred on the date and ho	, 19_0, that (I) (we
# of		n at) view the bady after death.		deoin occurred on the dote and no	
Dep F He	226. SIGNATURE	16 1/13/	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
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with the Sta	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS	1.1	- 1
t the Political	2 Menes F	, Nolan	Nons He	poring Mospi	100
3 4 2	30. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
acid 1	Burial	12/27/82	Holy Redeemer	Ballto.	Md . STATE
6 50M 4/B2	FUNESCHERMunek		Inc. 150 DE	TE REC'D BY REGISTRAR 19 GIS	TRANSSIGNATURE

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3	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 3	1 5 8 8
e w£		CEASED NAME FIRST	WIDDLE	MA	26. DATE OF DEATH MONTH	YEAR 26 HOUR
ecol	0.05	John		MULCAMY	lee:	1712 4 pm
ge 4 m	3. SE	Male	4. RACE White	S. DATE OF BIRTH Aug. 14, 1911	71 YRS.	1F UNDER 1 YEAR IF UNDER 24 HRS
Percent. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED K NEVER MARRIED WIDOWED DIVORCED	Baltimore (ity	
y the further dottified of	10 C	Baltimore		ng home or other institution of Address, Balto. Md.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Truck Driven	12b. KIND OF BUSINESS OR INDUSTRY
hin 24 hourn ly filled in the should be fi	130. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COULD ARE STATE 13b. COULD ATTERS S. NAME	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN [13d. INSIDE CITY LIMITS?	136. STREET ADDRESS 1253 Battery Av	ve, Balto M21230
amplete	1	Daniel -	Mulcary	Margaret	WIDDLE	Aubell
Poges		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECULAR WAR OR DATES)	URITY NO. 17. INFORMANT 1220 Mrs. Evelyn	F. Mulcahy, Same as	s above
Ibw requires that the death costs of been signed by the attendir permit. Then please remove colling to burial, cremation, or sory injury, or other troumotif	NO	Conditions, if ony, which gove rise to immediate couse (ol), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	he he had	2 day
N: The low ret ysicion. cote hos been ronsit permit. T Hygiene prior. T 8 shows ony in	CERTIFICATION	190 DATE OF OPERATION 1 4 / 8 -	hitrac	OPERATION WAS PERFORMED 1216. HOW INJURY OCCU		
uG PHYSICIAN: outending phys ter this certifica s the buriol-tro ond Mental Hy rked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH D	PAY YEAR 19 211. LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDIN spitol or CTOR: Af I for use o . of Heolth		22a.1 certify that (1) (this hosp saw the deceased alive ar	pital) ottended the deceased from n n19 at) view the body after death.		, to, to, death accurred on the date and hour	9, that (I) (we) lost and from the couses stated
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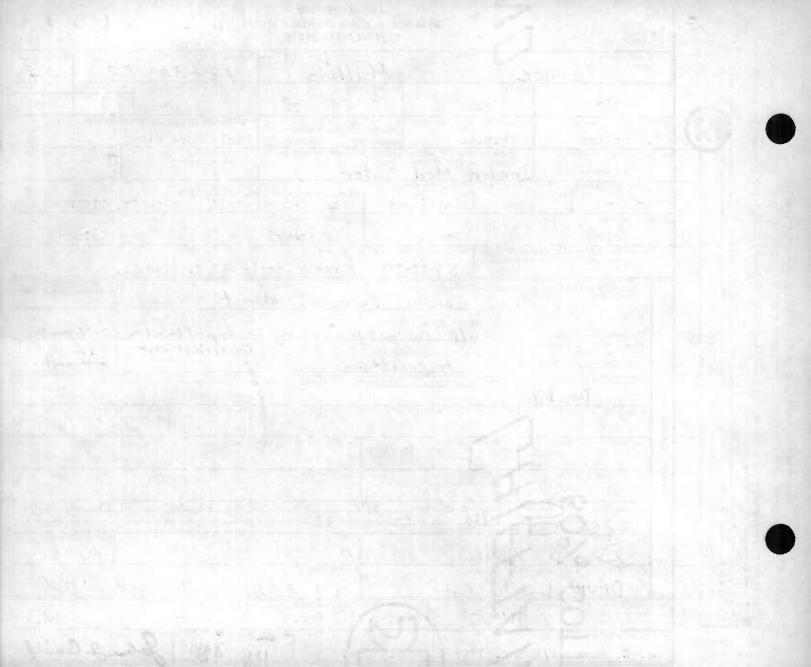
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STATE OF MARYLAND

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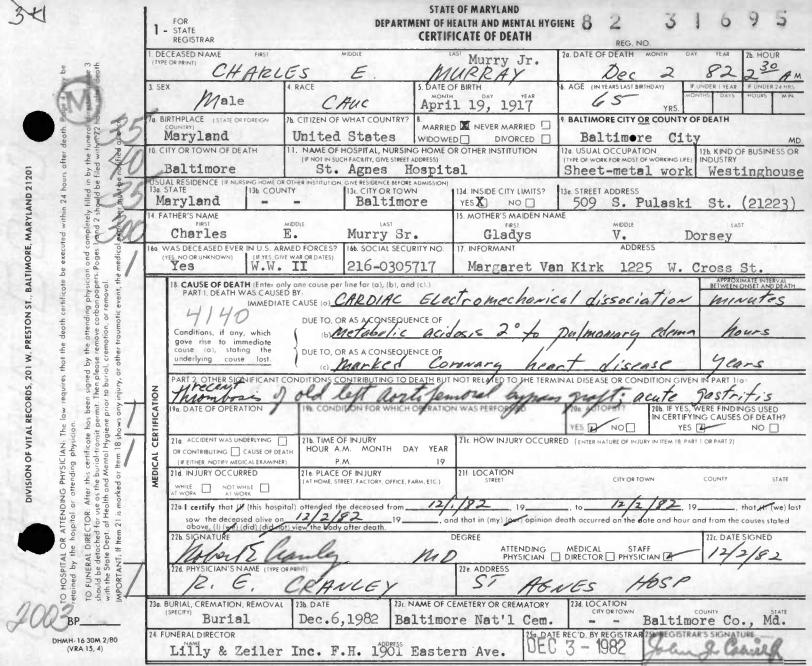
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S / 160		AS DECEASED EVER IN U.S. ARM 5, NO OR YNKNOWN) (IF YES, GIVE V	VAR OR DATES)	now n Josephine	Armstrang 25	16 Mt Holly
marian, ar removal		8 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED SOO Conditions, if ony, which gave rise to immediate	BY: CAUSE (o) DUE TO, OR AS A CONSEC	UNKNOWN HISTORY OF DIR		APPROXIMATE INTERVAL BETWEEN ONSET AND PEATH
y, or othe	-	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO		O DEATH BUT NOT RELATED TO THE TERM		
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d or hem 18 a		() 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
orked or		IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
Nem 21 is n		In I certify that (I) (this haspita saw the deceased alive an above (I/we) (did) (sid now the SSGNA) IRE	or the body after death	DEGREE DEGREE	death accurred an the date and	19 that (I) (we) last have and from the causes stated 22c. DATE/SIGNED
MPORTANT	-	126, PHYSICYAN'S HAME (TYPE OF	AVCENMO	ATTENDING PHYSICIAN [22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1448
M PORTA	o. BU			R. NAME OF CEMETERY OR CREMATORY	23d. LOCATION R. ITY OPTOWN	COUNTY M ASTATE
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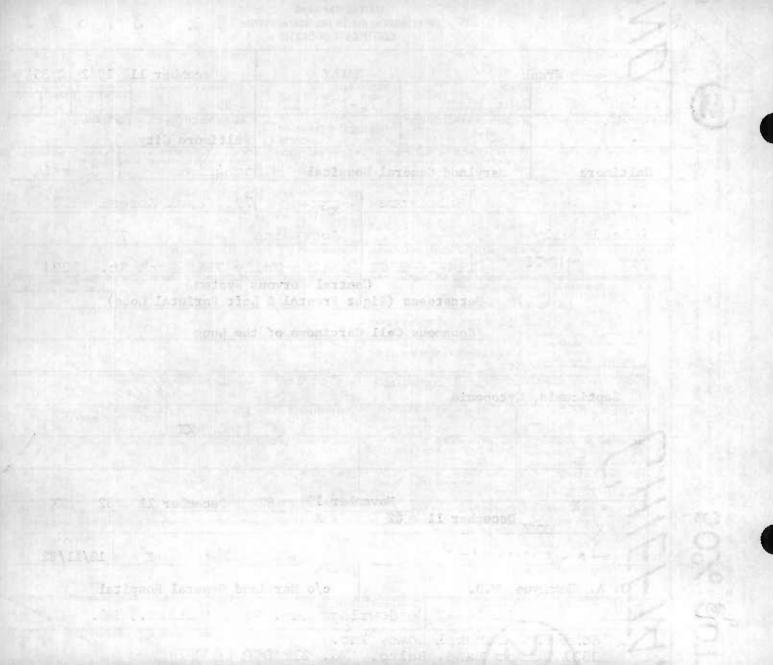
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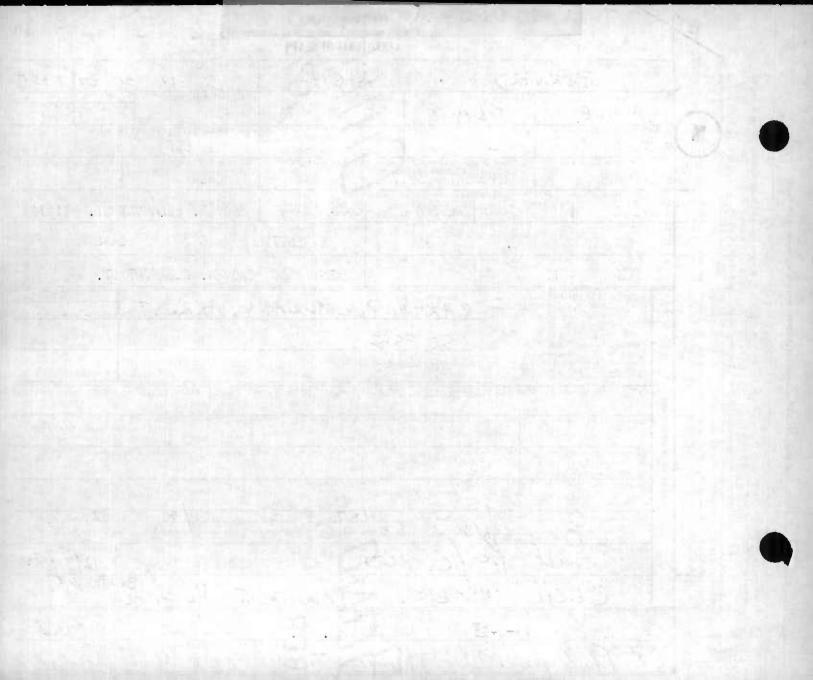
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME KNOWN 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED 10 1082 Ruth Nadol Joanne 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2 HOUR DATE LAST BIRTHDAYL PRONOUNCED White 9 13 Female 50 182 DEAD DM TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Washington, MARRIED NEVER MARRIED USA DC DIVORCED WIDOWED [Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY self 21202 Baltimore Construction employed SUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REPORT ADMISSIONAL 13e. STREET ADDRESS 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 6504 Armstrong Ave. 21215 Marvland Baltimore YEXIX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDOLE Kellv Deln Bessie Harry 4n WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT 1211 Corbett Rd. T. PAGES I 154-24-2479 Sandra Earle Monkton, Md. 21111 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Blunt force injuries to head IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF onditions, if onv. which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE AGE 3 SHOULD BE USE ATE DEPARTMENT OF YES X NO T 210 EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING ? P.M. 12-10- 1982 Subject struck on head. CONTRIBUTING | CAUSE OF DEATH 71d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION TO MEDICAL EXAMINER: THIS CENERATED FACEUTE THE CERTIFICATE. WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTHMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FTC 1 CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Balto Md. High St house 22s. I certify that I taak charge of the remains described above, held on Homicide X deoth resulted from: Accident Undetermined monner TITLE (SPECIFY) **ACTUAL** DATE 12-14-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn St., Balto., Md., 21201 (TYPE OR PRINT) STATE 12-17-82 Dulaney Valley Mem. Burial Baltimore Md. 24 FUNERAL DIRECTOR **DHMH - 17** Lassahn Funeral Home 7401 Belair Rd. (VR A15 ME (5)) 20M 4/82

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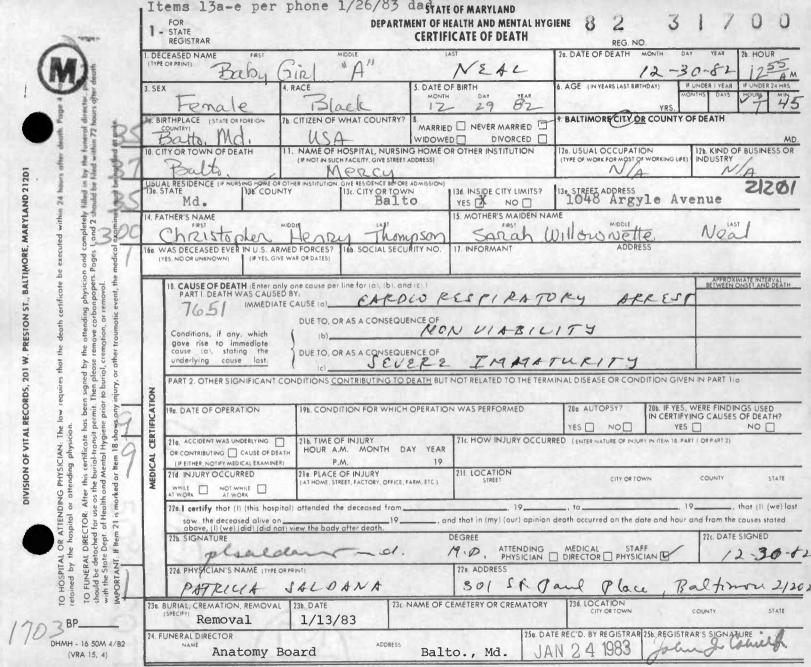
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 28. DATE OF DEATH MONTH 2b. HOUR LTYPE OF PRINTS J. Frank NALLY December 11, 1982 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 12-17-1922 Male Caucasian 59 BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED ENEVER MARRIED Md. USA Baltimore City WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore W. PRESTON ST., BALTIMORE, MARYLAND 21201 Maryland General Hospital Machinist Conrail USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13c. CITY OR TOWN 7942 Bank Street 13d INSIDE CITY LIMITS? Baltimore Md. 21224 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Michael Nally Josephine 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO WW. FIT WAR OR DATES) 214-16-8912 Thelma Nally 7942 Bank St. 21224 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Central Nervous System APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY. DAMEDIATE CAUSE (a) Metasteses (Right Frontal & Left Parietal Lobe) DUE TO, OR AS A CONSEQUENCE OF Squamous Cell Carcinoma of the Lung Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS. Septicemia, Cytopenia 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [iol-transit 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem (IF EITHER NOTIFY MEDICAL EXAMINER) Me 21d. INJURY OCCURRED 210 PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 NOT WHILE December 220.1 certify that the (this haspital) attended the deceased from December 11 19 82 and that in (my) (aur) apinion death accurred an the date and have and from the causes stated saw the deceased alive an abave, M (we) (did) (M) of view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 12/11/82 PHYSICIAN DIRECTOR PHYSICIAN K 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b J. A. Nkwanyuo, M.D. c/o Maryland General Hospital 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 12-14-82 Meadowridge Mem. Park "Balto., Md. Burial 24 FUNERAL DIRECTCH Home, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 3331 Brehms Lane, Balto., Md. 21218FC 14 (VRA 15, 4)



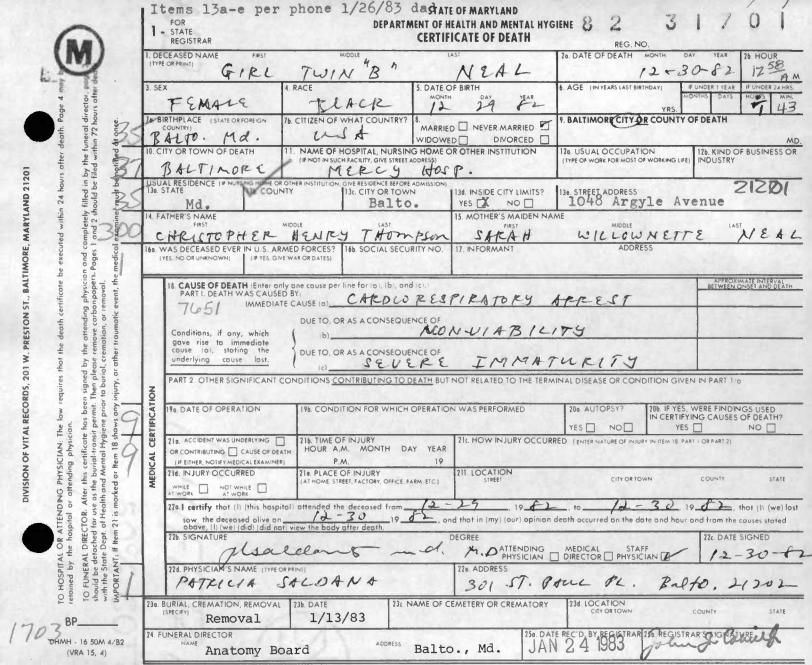
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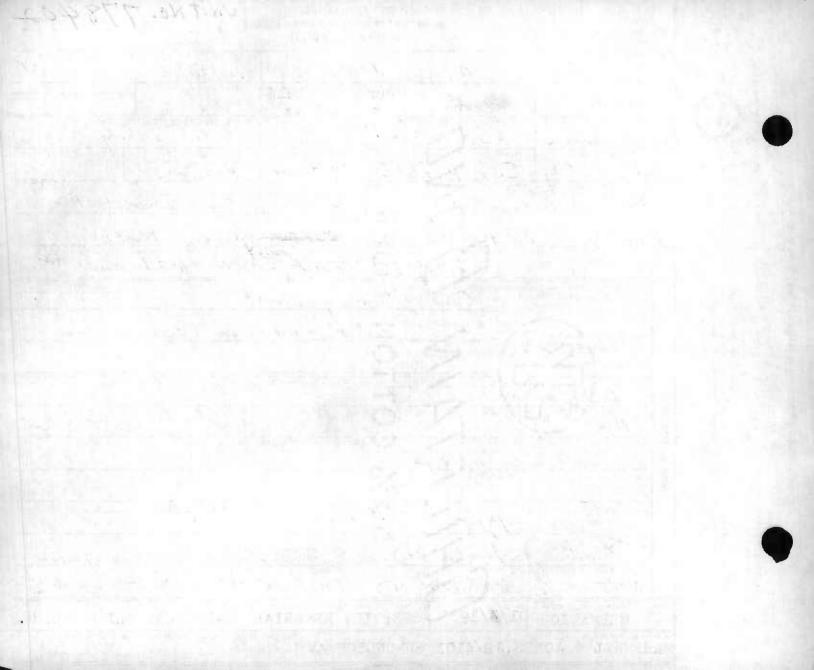


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oge 4 mo	3. SE)	Female	Negro	5. JAYE OF BIRTH	1914 6. AGE IN YEARS LAST	YRS.	YS HOURS MIN.
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be execu	16a W		RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 2/709:	17. INFORMANT	A EASON 34		E AS.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician and campletely filled in by Mfer this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbanpapers. Pages and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. orked extern 18 shows any injury, or ather traumatic event, the medical axion nermit tabe in	N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	bulmonary ENCE OF ENCE OF	arrest archial infarc	tion	OXIMATE INTERVAL EN ONSET AND DEATH TO ADMIN'S 7
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TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:	23a. E	MARTIN S	5++=R1)AN	MD 611 6	MATORY 23d LOCATION CHYPRION	Baltimore	= Mel 2120
DHMH-16 30M 2/80	24 FL	SPECIFY CREMATION UNERAL DIRECTOR DOWNER TO THE TON	01/4/1983 W		ORIAL BALTI	AR 256 REGISTRAR'S SIGN	



	1.	STATE REGISTRAR		DEFARIT		ICATE OF D		HEG. N	0		0 3
		FRANC		MIDDLE		EDD		20. DATE OF DEATH	y 2 = 07	7 - 8 2	6:02pm
	3. SEX	Female	4 RACE Bla		S. DATE C	21	YE-55 1955	6. AGE (IN YEARS LAST BI	YRS.	DAYS	IF UNDER 24 HRS HOURS MIN.
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2	13a. 5	TATE Md.	ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 130 CITY OR TOW Balto	N	13d. INSIDE C	NO 🗌	138. STREET ADDRESS 2109 Clift	on Ave.		
C		John	MIDDLE	Craio		Mary	MAIDEN NAA	MIDDLE		Lston	т
1		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166. SOCIAT SECU	RITY NO.	Ronnie		ay 3412 Cat			
	ON	PART 2 OTHER SIGNIFICANT	DUE TO, Q	CARDIAC TROUEAT ALCOHO XXWNWXX	ARR ÖRY LIC K LI	COLLAF VER DI	SEASE	E TO SEPS WITH HEP	ATIC :	FAILU	
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		27k SIGNATURE Wall	to 1Ben	lumo				MEDICAL STA	CIAN	22c. DATE	SIGNED 7
/		DR. WALTER		M.D.				H HOSPITA ADWAY BAI		PORAT E, Md	

DHMH - 16 50M 4/B2 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL 12/14/82

Crownsville Veterans

23d. LOCATION
CITY OR TOWN

Cem. Crownsville, Md.

STATE

24 FUNERAL DIRECTOR
LEROY O. DYETT 4600 LIBERTY HGTS. AVE.

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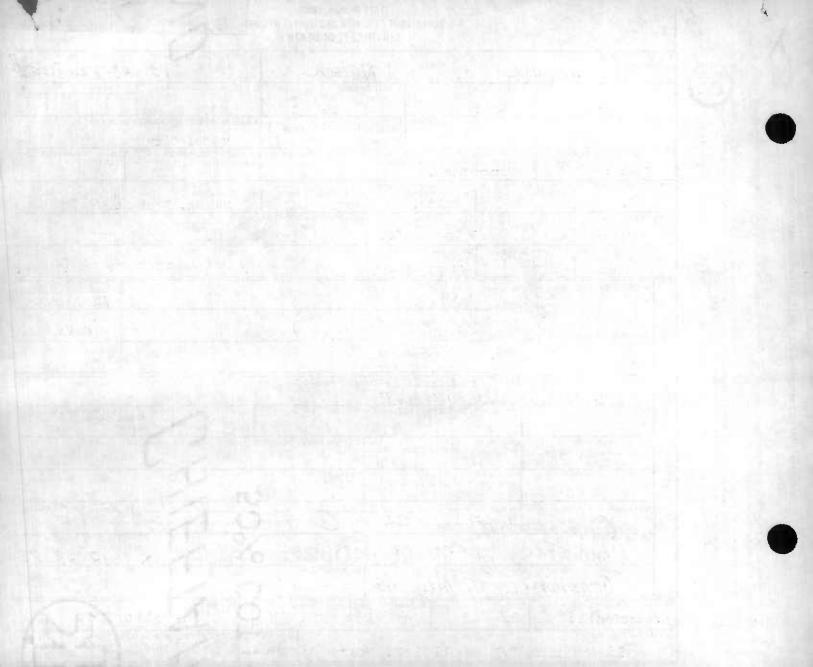
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moy fer d	3. SE	X	4. RACE	LIFE BU	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
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MA STATE		ITY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL, NURSIN	ADDRESS)	R OTHER INSTI	TUTION	120. USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
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sate special specia specia specia specia specia specia specia specia specia specia spe		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one cause per	line far (a), (b), ar	nd (c).)					BETWEEN C	MATE INTERVAL
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The the		cause (a), stating the	DUE TO, OR	AS A CONSEQU	ENCE OF						
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Permise prince p	문	THE DATE OF OPERATION	174. CONDI	THORY OR WINCE	OLEKATIO	***************************************		YES T NOT		NG CAUSES	
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TTEN ortal TOR of He		saw the deceased alive abave (Mid) (we) (did) (did)	Decembe	r 2 19	82, ar	d that in (X_y) (our) apinion o	death accurred on the do	ate and haur a	nd from the	causes stated
OR All DIREC DIREC Sched Dept.		226 SIGNATURE,	D T	. OV 19		DEGREE				22c. DATE	
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5 £ 5 £ 3 ₹	23o.	BURIAL, CREMATION, REMO		23с.	NAME OF C	EMETERY OR C		23d. LOCATION		COUNTY	*****
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DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR		ADDRESS		21229	250. DAT	E REC'D. BY REGISTRAR		R'S SIGNAT	URE
(VRA 15, 4)	H	ubbard Funera	1 Home, Ir	nc. 4107	Wilke	ns Ave.	DEC	6 - 1982	John	20	welf

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 2b. HOUR TTYPE OR PRINTE B . Thomas Nelson December 24. 4. RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 10 male Black. 90 92 7a. BIRTHPLACE (STATE OR FOREIGN 75. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Georgia U.S.A. WIDOWED DIVORCED [Baltimore City IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Maryland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13e. STREET ADDRESS 1806 N. Mount Street 21217 Baltimore 13d. INSIDE CITY LIMITS? Maryland NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Gibbs Thomas Nelson Rosa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 217-24-7072 Phoebe A. Nelson 1806 N. Mount St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY Probable Acute Cerebrovascular Accident -2 Days IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Cerebrovascular Disease Year s Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Hypertension PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 71s. PLACE OF INJURY 211. LOCATION 0 CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (X (this hospital) attended the deceased from sow the deceased always of December 24, 19 obove, it (we) (did) (the viol) view the body after death. December December 2419 82 and that in (our) opinion death accurred an the date and hour and from the causes stated 82 22c DATE SIGNED DEGREE MJD ATTENDING MEDICAL STAFF 12/24/82 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHY SICIAN'S NAME (TYPE OF PRINT) 220 ADDRESS ld b Robert E. Roby, M.D. c/o Maryland General Hospital 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY BURIAL Arbutus Memorial Pk Arbutus Md 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 (VRA 15, 4) Wm. C. March F/H Inc. 1101 E. North Avenue

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	STATE OF MARYLAND	2 10 2
6	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3	/ 0 /
1	REGISTRAR CERTIFICATE OF DEATH	
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S	70. BIRTHPLACE (STATE OF FOREIGN 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DE	EATH
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TO 25 11 1	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b	KIND OF BUSINESS OR
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A PROPERTY.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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1 1 1 1 1	Conditions, if ony, which (16) Pneumonia with probable Sepsis	
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A	underlying cause lost	
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8	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	
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I REC	190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WER IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH?
r At R	YES : YES : YES :	NO 🗆
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PHYSIC ending this cer different different dor the	214. INJURY OCCURRED 216. PLACE OF INJURY 211. LOCATION	DUNTY STATE
C # # 15.09		JUNIT STATE
NDING I o o o Use os Health	220.1 certify that (1) (this haspital) attended the deceased from 12/3 1982, to 12/9 198	12, that (I) (we) lost
DA. B.	sow the deceased alive an 12/9 19/22, and that in (my) (our) opinion death occurred on the date and hour and the contract of t	
OR ATTENION OF A	obove, (I) (we) (did) (did nat) view the body after deoth.	
rat OR A y the bos Rat Direct detached ore Dept.		2c. DATE SIGNED
PITAL by th ERAL Stote ANT: I	PHYSICIAN DIRECTOR PHYSICIAN	14/1/05
	77d, PHYSICIAN'S NAME (TYPE OR PRINT) 77e. ADDRESS	
- 5 - 5 - 6	C.L. NEWMAN JHHO ATOM	
5 5 5 \$ 1	230. BURIAL, CREMATION, REMOVAL 23b. DATE RMATORY 230. LOCATION	
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070213	24 FUNERAL DIRECTOR 256. DATE/REC'D. BY REGISTRAR 256. REPOTRAR'S	SIGNATURA
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(VRA 15, 4)	Welliam He said 1639 M. Groodway DEC 13 1984 John	-0.

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Wm. C. March F/H Inc. 1101 E. North Avenue

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

REGISTRAR

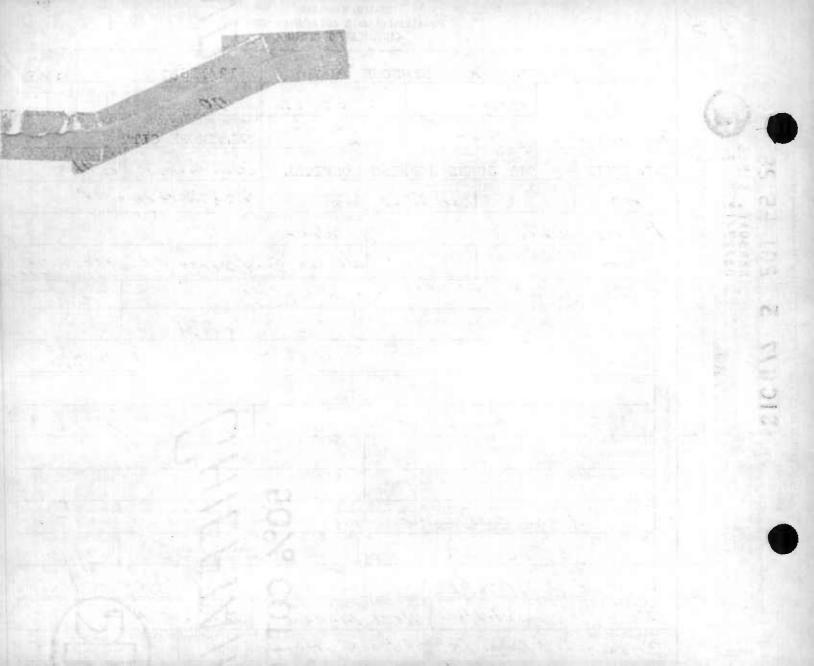
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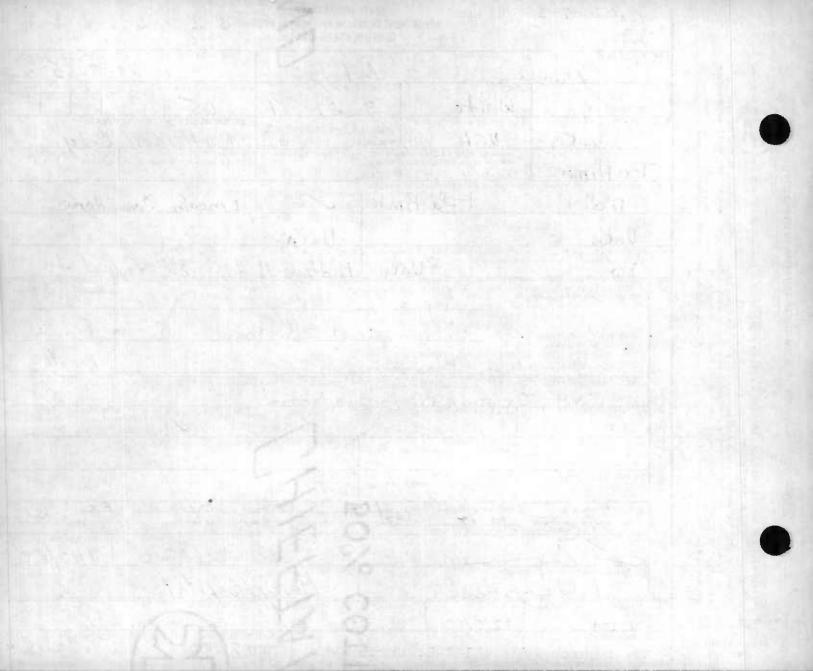
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15	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE 8 2 3	1710
5		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
of the pe		CEASED NAME FIRST	. MIDDLE	TAG OME	20. DATE OF DEATH MONTH DAY	20.11001
3,000	3 SE)	MAI	BEL RE NE	S OME 5. DATE OF BIRTH	12/11/82	9:46PM
4		60	Black	MONTH JOAN YEAR	70 YRS.	VIHS DAYS HOURS MIN.
E 1997	7a. BII	RTHPLACE (STATE OF FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	There is a second
		TY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	BALTIMORE CITY	MD.
- 5 - 5	BA	LTIMORE	JOHNS HOE	KINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
ND 212	USUA 13a. S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 19 VA	0 10
MARYLAND 2120 ed within 24 hours 10 HE in bringled in	4. FA	THER'S NAME FIRST LEREE WA	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
	60 W	AS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	oy Surrea Fa	vre. Ville
ificote lificote lipopersimovol.		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), o SED BY: ATE CAUSE (o)	Septic Shoc	K	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oth cert		0189	DUE TO, OR AS A CONSEQU	JENCE OF POSCIBLE M	livesTB/	
the off the removing the removi		Conditions, if ony, which gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQU	JENCE OF Mixed TIC	oral Bad) Separ	mulu
ned by		underlying couse lost PART 2 OTHER SIGNIFICANT	(c)	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 110
PRDS, equity or significant injury	ION			none		
TAL RECORD The flow equicion. The solution and periods only injury.	CERTIFICATION	190. DATE OF OPERATION	Spin & Co	OMD(CS810)		VERE FINDINGS USED NG CAUSES OF DEATH?
AN: The physicio physicio physicio physicio physicio physicio philipophysicio philipophysicio philipophysicio philipophysicio philipophysicio philipophysicio philipophysicio philipophysicio philipophysicio philipophysici	_	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR 2 C. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
HYSEC nding his certification of them or them	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
NG P offer t os the	×	AT WORK NOT WHILE AT WORK	(A) HOME SIREET, PACTORY, OFFICE,			
TENDE or use of Heal			pital) attended the deceased from, 12 / 1 19 19 19 19 19 19 19 19 19 19 19 19 1	ond that in (my) our) opinion		nd from the couses stated
OR AT DIRECT OF AT DIRECT OCHE OF DEPT.		27b. SIGNATURE	- //	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
PITAL by 14 ERAL Stote deta		224. PHYSICIAN'S NAME LITYPE	TLENLEY		DIRECTOR PHYSICIAN	1/2/11
O HOSPIT TO FUNER should be with the St IMPORTAN		MARTIN	OKEESPERG	Joh	ns Hopkins Hos	protect
605 _{BP}		URIAL, CREMATION, REMOVA	12/14/50 23C	RAME OF CEMETERY OR CREMATORY	23d LOCATION WITH OR JOHN	SUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FL	Man fue 1	1 / Amps 63 8000	9. / mon 52 150. DAT	E REC'D. BY REGISTRAD (56). REGISTRA	R'S SIGNATURE



	1.	#8,FilmG575 1/ FOR STATE REGISTRAR	25/83 kam DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	GIENE 8 2 REG. NO.	3 1 7	1 1
4 500 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10		CEASED NAME FIRST REPORT	MIDDLE	N,	chols	11	1-18-82	5 AM
	3 SE	Pemale	White	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHD	YRS.	IF UNDER 24 HRS HOURS MIN.
QX 99		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED WIDOWE		Ba Hin	rore City	MD.
5 7 137	_	Ba Himore RESIDENCE IN NURSING HOME OR			- COMER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		BUSINESS OR
LAND 24 ho	13a. S	TATE MANE	TY 13c CITY OF		13d. INSIDE CAY LIMITS? YES NO 1	13e. STREET ADDRESS Lincoln	Conv. Home	٧
E. MARY	2		MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	MIDDLE	LAST	- 1
be seed of the see		ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	Unkn	Midtown N	. H. 828	St. Paul S	ATE INTERVAL ISET AND DEATH
N ST., BA certificati ing physic rhon popp is removed fig eventi.	1	PART I. DEATH WAS CAUSE 14.860 IMMEDIAT	D BY: TE CAUSE (a)	Sis			BETWEENON	
PRESTO he death menore co motion, a	H	Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	ary TI	act Infect	ion	/ ma	enth 11
res that res that pred by please bursal, cr		underlying cause last PART 2. OTHER SIGNIFICANT C	1 10 Phe	umonia	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	TION GIVEN IN PART 10	nth
At RECORDS The law requir on. They been up to permit. They term prior to it for any inter-	CERTIFICATION	90. DATE OF OPERATION)	Organie P		vadrome Was PERFORMED		OB. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
SICIAN SICIAN SICIAN SICIAN SISTEMAN SICIAN	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR		RED (ENTER NATURE OF INJURY I	NITEM 18 PART I OR PART 2)	
DIVISION Offer this on the but it and M anked or	MEDIC	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN		STATE
ATTENDO Appellation CCTOR, A 5 for use of Heol m 21 is m			tall attended the deceased to the later death.	19. 821, on	d that in (my) (aur) apınian			ot (I) (we) lost
RALOR PART OF TALOR PART OF TA	1	226. SIGNATURE	- ALD		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 11/10	9/82
o HOSP chould be thould be mypogra-	1		GMANN		Yerry	Hospital		
8P		URIAL, CREMATION, REMOVAL SPECIFY) Burial UNERAL DIRECTOR	23b. DATE 12/2/82		METERY OR CREMATORY Sion Cem. 1250 DA	Landsdo		STATE
DHMH - 16 50M 4/82	24. F	Wm C March F	/H 1101 E	North		C 3 - 1982	John & Co	well



There is a series of the series

-BP

DHMH-16 50M 1/81 (VRA 15, 4)

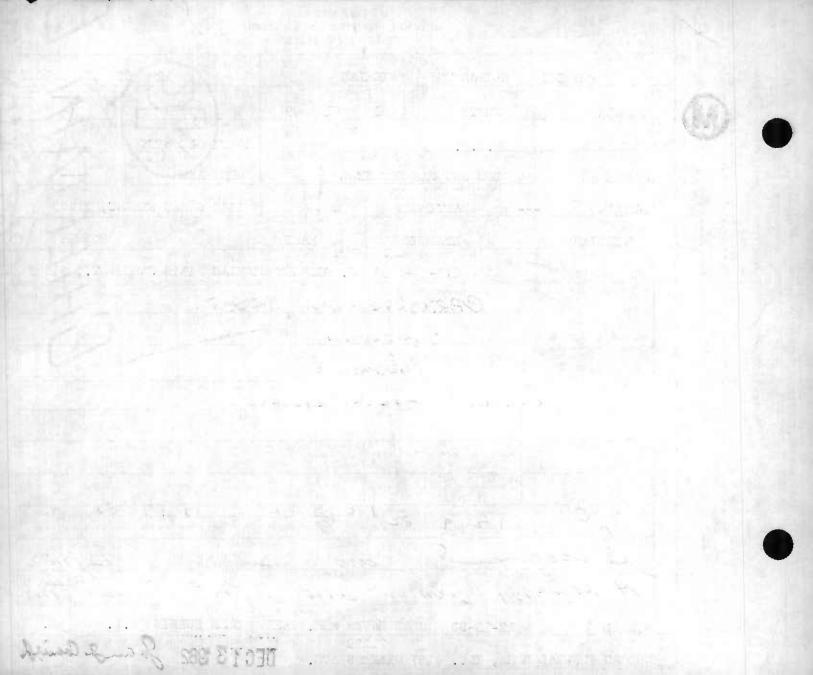
injury, or other traumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows of

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/	1.	FOR STATE REGISTRAR		DEPART		EALTH AND A		IENE 👸	REG. NO.	3 !	7	1 3
		CEASED NAME FIRST		MIODLE	(10)	AST		20 DATE OF D		OAY	YEAR	2b HOUR
	TITPE	E OR PRINT) DAISY	ELTZ	ABETH	NICK	LAS			12	09	82	7:10 P.
	3. SE:		4 RACE		S. DATE C	OF BIRTH		6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS
1		FEMALE	WHI	re	01	01	09		73 YR	MONTHS S.	DAYS	HOURS MIN.
1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D X NEVERA	ARRIED -	9. BALTIMORE	ECITY OR COUN	NTY OF DE	ATH	14
4	5	MARYLAND	U.S	. A .	WIDOWE		ORCED	BALTIM	ORE CIT	Y		MD.
4	2.00	BALTIMORE		HOSPITAL, NURSING HEACHLITY, GIVE STREET	ADDRESS)		ITUTION	120 USUAL OC (TYPE OF WORK FO HOMEN	OR MOST OF WORKING		KIND OI USTRY	BUSINESS OR
3	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COULD MARY LAND		BALT IMO	VN	13d INSIDE CI	TY LIMITS?	13e. STREET AC 1318	JAMES S'	TREET	, 21	.223
-	14 FA	ATHER'S NAME	WIDOLE	LAST			MAIDEN NAM		WIDDLE		PAST	
		WILLIAM		ALBRIGH'	r		ARY				HOLM	ES
		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMA	NT		ADDRESS	A		
		NO	TO WAR ON GAILS)	213-18	-8451	J. GI	LBERT N	NICKLAS	1318 J	AMES	ST.,	21223
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per		A -	-0 - 0	00	0000		В	APPROXIA ETWEEN O	MATE INTERVAL INSET AND DEATH
		1101 IMMEDIA	TE CAUSE (a)	/HKULO	KUE	PRATO	Ich 14	The state of the s				
	2	7860	DUE TO, OI	R AS A CONSEOU								
		Canditions, if any, which gave rise to immediate	(b)	04	PIO	emp.						
		cause (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQU	NEW OF	MONIA					tu.	
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE O	OR CONDITION (GIVEN IN F	ART Ita	
	110	50	SHEMI	c y	TEAL	4	18 DAS		S			
7	CERTIFICATION	19ª DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES N		YES, WERE RTIFYING C YES []		GS USED OF DEATH? NO []
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATT.	M. MONTH D	AY YEAR	21c. HOW IN.	IURY OCCURR	ED (ENTER NATUR	RE OF INJURY IN ITEM 1	18 PART TOR	PART 2)	
1	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	17	21f LOCATIO	N		CITY OR TOWN		INTY	STATE
	×	WHILE AT WORK AT WORK	(ATHOME STR	EET FACTORY, OFFICE, I	FARM ETC)	SIRECT			III OK TOWN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STATE
		22a. I certify that (1) (this hosp saw the deceased alive on	1.2	19 19	82 , or	od that in mil	aur) apinian c	eath accurred o	an the date and h	19 0	am the c	nat (1) (we) last
		above (1) (we) (did) (did no	t) view the body	ofter death.		DEGREE		-0.00			DATES	
		den	ive	-5	Je.	un P	TTENDING A	MEDICAL DIRECTOR	STAFF PHYSICIAN	1	12/	19/82
	4	A MIRO	NSA.	wo		22e ADDRESS	PW	(Pon	14 46	. 4	130	leine 21n3
		BURIAL, CREMATION, REMOVAL	23b DATE	23€	NAME OF C	EMETERY OR C	REMATORY	23d LOCATI	ON	COUNT		(144)
		BURIAL	12-13	-82 GL	EN HA	VEN MEM	• PARK	GLEN	BURNIE	A.A.		MD .
	24 FL	UNERAL DIRECTOR		AODRESS	21	229	25a D'ATE	REC'D. BY REC	SISTRAR 25b. REG	TRAR'S S	IGNATU	2:1
	H	HUBBARD FUNERAL	HOME, I		WILK	ENS AVE	. 0	113	982	un	1	ment



- STATE

TYPE OR PRINT

I DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b. HOUR

12 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY DIVORCED

> 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR PROPRIETOR (IFE) INDSHOE STORE

APT. 601 33501 ST. PAUL ST. 21218

15 MOTHER'S MAIDEN NAME **ESTHER**

STERN DAISY M. ARCHER

3012 HARVIEW AVE. BALTO., MD 21234

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CARDIDGENIC SHOCK DAYS MYOCARDIAL INFARCTION ARTERIOSCIEROTIC CORONARU

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

FAILURE

206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

DIRECTOR PHYSICIAN

MEDICAL

23c NAME OF CEMETERY OR CREMATORY

BALTIMORE MARYLAND

STAFF

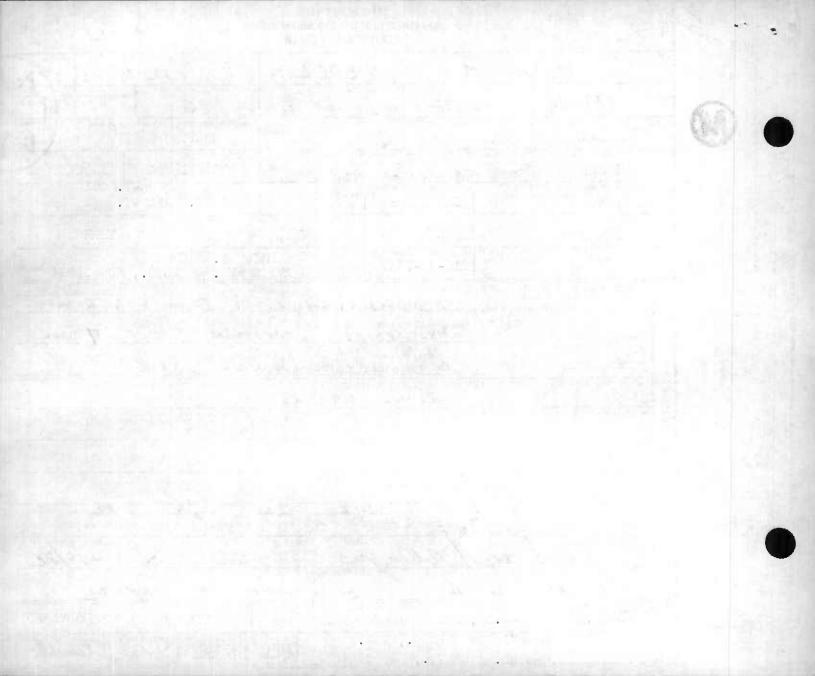
24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

DHMH - 16 50M 1/B1

(VRA 15, 4)

6010 REISTERSTOWN RD.

BALTO. MD



Util I was your for a colfe

++	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG	IENE 8 2 3 1 7 1 6
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
3 (KA)	1. DECEASED NAME FIRST LUTHER	E NIXON	12 18 82 26. HOUR 1:18 p.
ge 4 moy	3. SEX A. RAC	S. DATE OF BIRTH Black S. DATE OF BIRTH MODIFIED 1894	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
eoth. Poge erol direct n 72 hours o	70. BIRTHPLACE (STATE OF FOREIGN 76. CIT COUNTRY) N. Carolina	U.S.A. WIDOWED TO DIVORCED UNION DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE City, MD.
rs ofter de by the fur diffed within natified o		NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BALT I MORE, MARY SAND VAMC	120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
filled in ould be must be	USUAL RESIDENCE (IF NURSING HOME OR OTHER I 136. STATE 13b. COUNTY Maryland	13c. BALT TOWORE 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 2317 Guilford Avenue 21218
E, MARYLA completely completely completely completely	14. FATHER'S NAME FIRST Richard MIDDLE	Nixon 15. MOTHER'S MAIDEN NAMED IN NAME	
be execut on ond co s. Poges	160 WAS DECEASED EVER IN U.S. ARMED F (YES, NO OR UNKNOWN) (IF YES, GIVE WAR C	OR DATES)	ADDRESS nond 2317 Guilford Avenue
I W. PRESTON ST., BAI hot the death certificate by the ottending physici ose remove corbonpopes I, cremotion, or removal.	Conditions, if ony, which gove rise to immediate	Condina lun L	Repost APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Emplo lus
ow requires to been signed prior to burious.	NOIL	(c) ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED	INAL DISEASE OR CONDITION GIVEN IN PART TO 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL TYSICIAN: The ding physicion is certificate he buriol-tronsit phymore than 18 shown of them 18	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21	P.M. 19 10. PLACE OF INJURY 211. LOCATION	YES NO YES NO NO NO NED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
DING PH or often the e os the e os the olth ond morked of	WHILE NOT WHILE AT WORK 220.1 certify that (b) (this haspital) at	at HOME, STREET, FACTORY, OFFICE, FARM, ETC) street tended the deceased from	CITY OR TOWN COUNTY STATE
OR ATTENIOR e hospitol DIRECTOR: sched for us Dept. of He I hem 21 is	sow the deceosed olive on obove, (a) (we) (did) (did we) view 22b. SIGNATURE	the body offer death. DEGREE ATTENDING PHYSICIAN	death occurred on the date and hour and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN 12/19/82
O HOSPITAL etoined by the TO FUNERAL should be deter with the Store	22d. PHYSICIAN'S NAME (TYPEORPRINT)	H. Levit my Loch K	aren UX Hospital
204BP	(SPECIFY) BURIAL 1	23c NAME OF CEMETERY OR CREMATORY 2/23/82 Md Veteran Cem.	23d LOCATION CITY OR TOWN Crownsville Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	Wm. C. March F/h In	ac. 1101 EpresNorth Avenue	E REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 201982

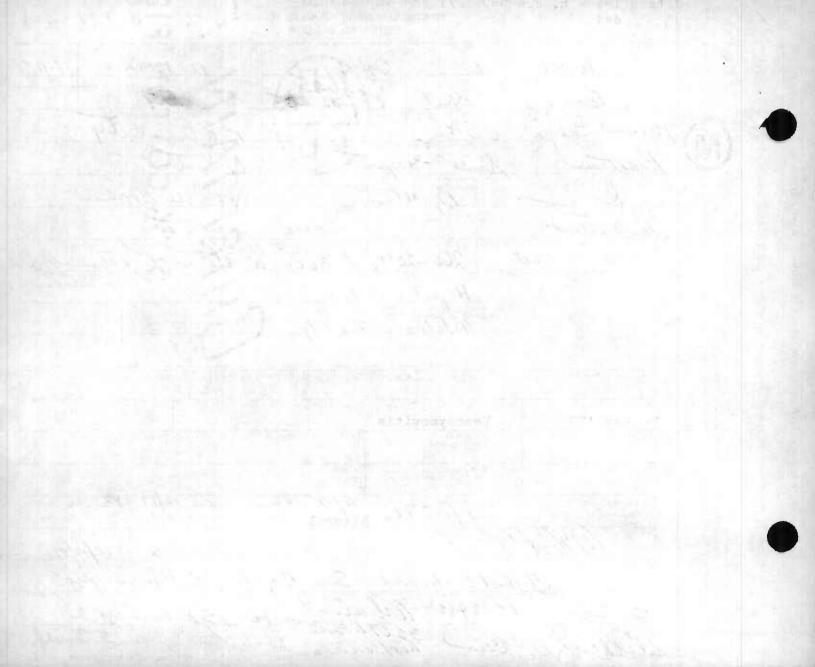
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AND THE STREET STREET		
OR MITTER TALLTO. MALTO. NO.	#2/16/32 Barring	

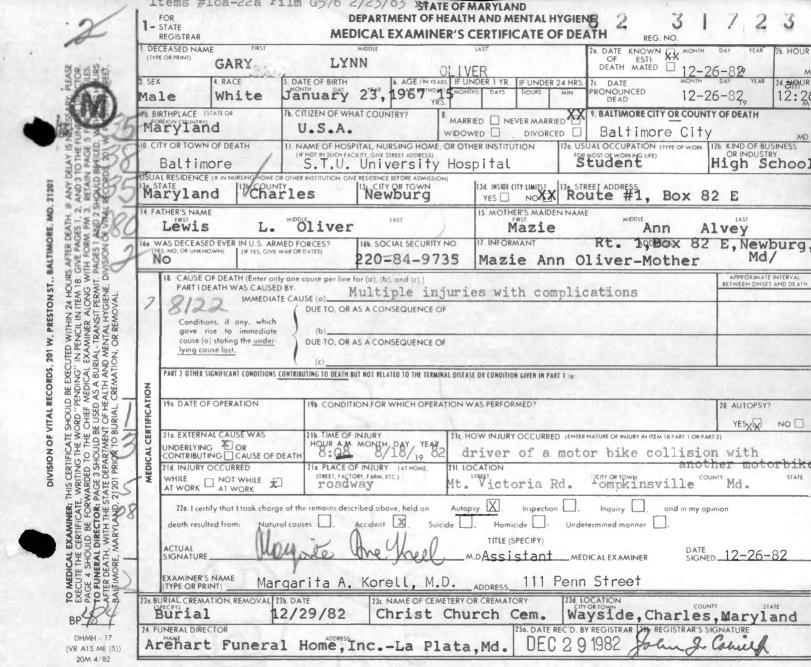
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	It	ems 19a & b, 22a	a G576 2/18/83 STAT	E OF MARYLAND		C. 1			
6	1.	FOR STATE dad REGISTRAR		HEALTH AND MENTAL HYC FICATE OF DEATH	Co Chap	3	121		
		CEASED NAME FIRST	WIDDLE	LAST	REG. N	MONTH DAY YEAR	2b. HOUR		
e Ti	71148	421/16	1. 0	elector	17	17 82	7:171.		
wo y	1.56	4.4	FACE S. DATE		6. AGE (IN YEARS LAST BIR		R IF UNDER 24 HRS		
oge #		Female	Black 8	3 2 2 2 3		5 % NONTHS DAYS	HOURS MIN.		
9	m	illen George	CITIZEN OF WHAT COUNTRY? 8. MARRII	ED DIVORCED	Baltimore City of	CUY	MD		
- F	18.C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	WORKING LIFE) INDUSTRY	OF BUSINESS OR		
00 ours	M50	ALYESIDENCE (IF HURSING HOME OR OTH	INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		Domese				
AND 24 h	13a. :	THATE DISCOUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?		D Gordon			
MARYL smptrel	8	lee wester	LAST	15. MOTHER'S MAIDEN NA	Utille		AST		
IMORE,	160.	VES, NO ORUNKNOWN) (IF YES CIVE W	OFORCES? 16b. SOCIAL SECURITY NO. 260 -20.14	17 INFORMANTS	15 Have	Bueta	30		
RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending physical Then please remove carbon paper to burial, cremotion, or removal, injury, or other froumatic event, th	NO	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 18							
low requestions been sermit. The eprior to	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	INGS USED		
	TE	May '77	Tenosynovitis		YES NO	IN CERTIFYING CAUSE	S OF DEATH?		
DIVISION OF VITAL ING PHYSICIAN: The cortending physicion wher this certificate has she buriol-transit pt and Mental Hygier than and Mental Hygier orked or Item 18 show		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2}			
IVISION	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE		
ADIN ADIN Or S. Af		22a.1 certify that (1) (this hospital)	ottended the deceased from	11/14, 1982	, to	12/17, 1982	, that (I) (we) last		
ATTER Sspito SCTON d for n 21 in		sow the deceased alive on above, (1) (we) (did) (did not) vio	ew the hady attended the	Natural (pur) opinion	death accurred on the de	ate and hour and from th	e couses stoted		
te p be		22b. SIGNATURI	100	DEGREE			E SIGNED		
th the leto		Coffeel	-lund	40 ATTENDING PHYSICIAN [MEDICAL STAI		17/82		
HOS bined FUN build b		22d. PHYSICIAN'S ME (TYPE OR PRI	Food L. Amend	Sinai Hos	sital Ba	Himore 1	W.		
D 2 2 4 5 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	23a E	URIAL CREMATION REMOVAL 2		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	The This	2 " STATE		
DHMH - 16 50M 1/81	24 Ft	INERAL DIRECTOR	20 3101	Wall 250. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	TO RE		
279 (VRA 15, 4)	1	Wilhin M	The ADDRES Wels	estudo DE	C 2 0 1982	form to	shelf		

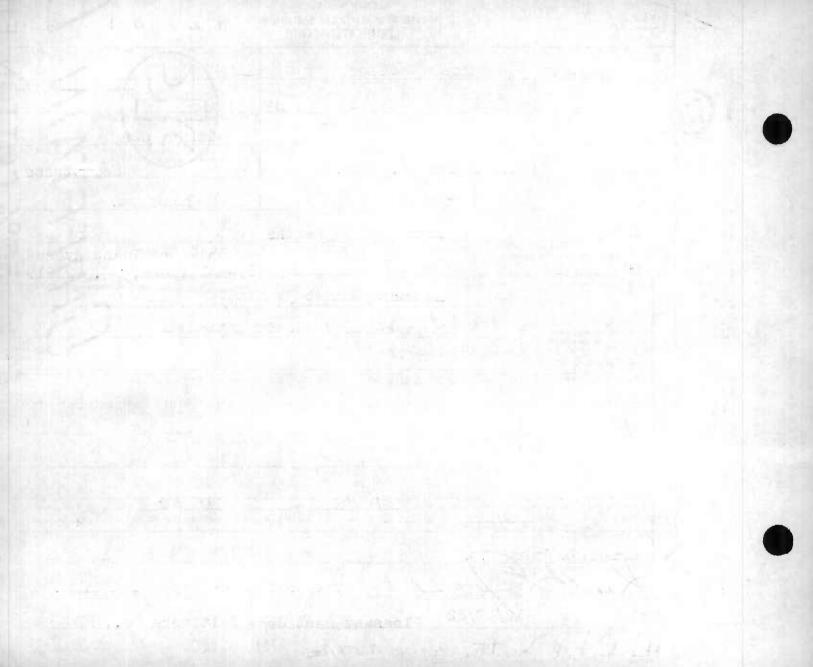


HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

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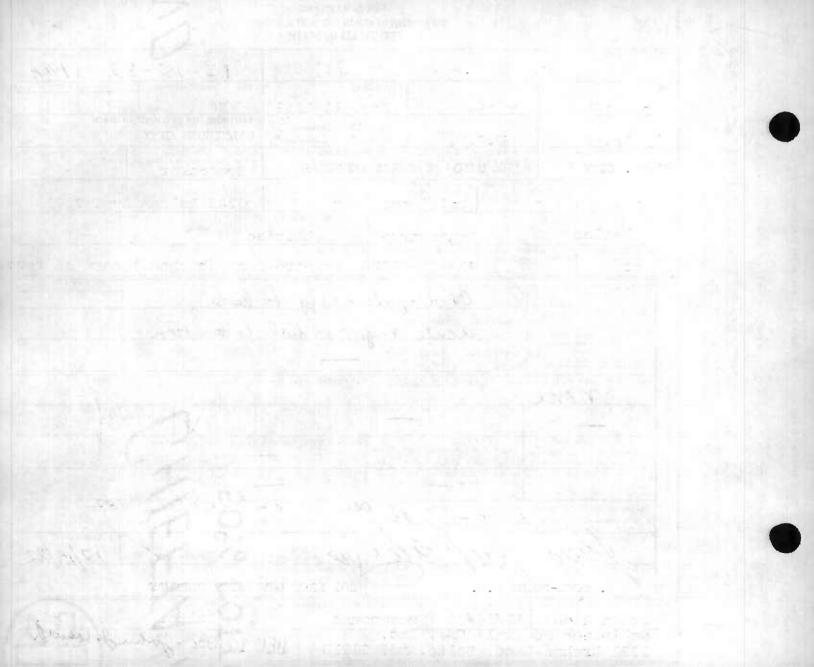
Haryland U.S.A.C.U Maryland Charles Nawburg 12 Route 17, Box 82 E wevis one sire! 220-61-9735 Matte Ann Oliver-Whiteen 12/20/82 "Christ Church Cam. Vayalda, Charles, Maryland arrhard Puneral Home: Inc. - La Plata, Rd. Lila



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			CEASED NAM	E FIRST			MIDDLE			LAST			20. DATE	KNOWN		DAY	YEAR	7b. HOUR
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	A SECTION -	I SEX		4 RACE	IS. DATE C	OF BIRTH	oka	6. AGE (IN Y		NDER 1 YR.	IF UNDER	24 HRS.	2t. DATE		MÓNTH	DAY	YEAR	24 HOUR
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	AND THE STATE OF T		death result	red from No	atural causes		Accident	s	cide L	, Ham	icide XX.	Unde	termined m	onner [].			
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALLIMORE, MARYLAND, 2	23a B	URIAL, CREMA	TION, REMOVA				NAME OF C				CITY	ORTOWN		со	YTAUK	ST	TATE
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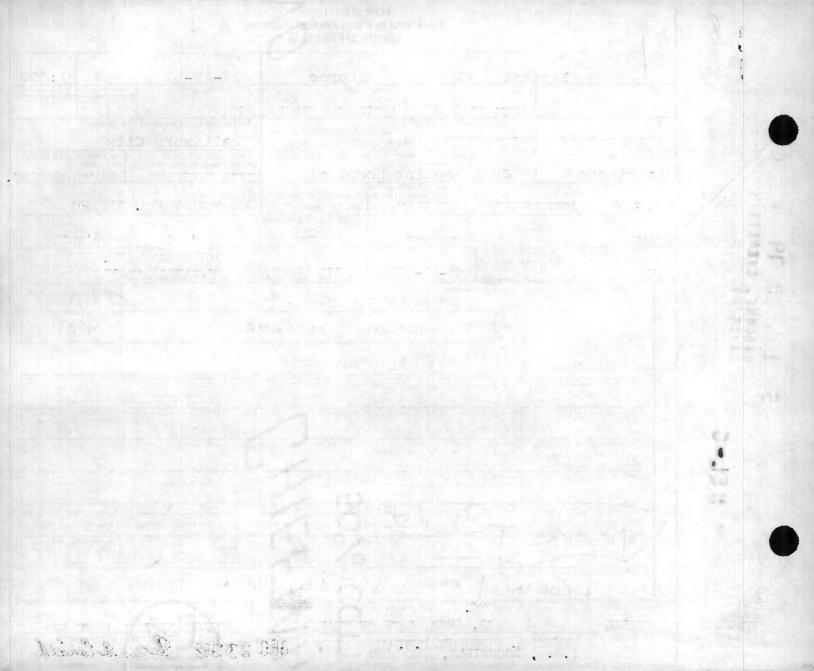


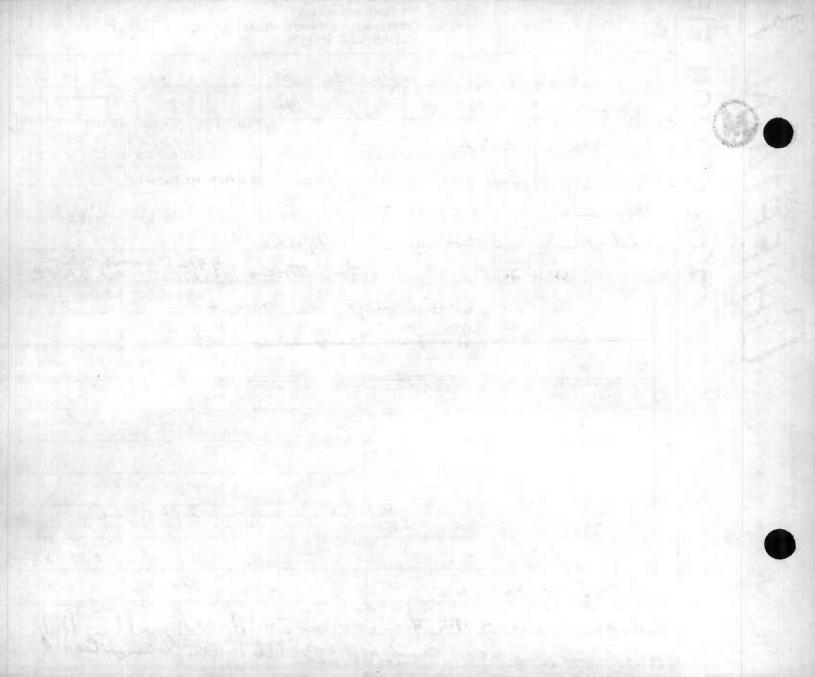
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· m	3. SE.	X IALE	4. RACE WHITE		S. DATE (6. AGE (IN YEARS LAS	YRS	S.	AYS HOURS MIN.
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		ÖWEN	MED FORCES?	OMELIA TION SOCIAL SEC	CLIBITY NO	MARY IT INFORMANT	MIDDI	DDRESS	SUL	LIVAN
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DF VITAL THOSE THE Physicion Trificote h Plus Show The Show		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME C HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	YES NO		YES NO PART	NO []
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TTENDING Sitol or of TOR: After for use os of Health		270.1 certify that (X (this haspi sow the deceased alive on aboveX(X (we) (did) (X (A)	Decembe	descaped from	Decen 82	nber 6 , 1982 and that in XXX (our) opinion	, to Decemb death occurred on the		19 <u>82</u> hour and from	the couses stated
AL OR A' the hosp AL DIREC detoched in ore Dept.	67	226. SIGNATURE	Iten	NO		DEGREE ATTENDING PHYSICIAN [MEDICAL :	STAFF YSICIAN X	22c. D	2/27/82
TO HOSPITA retained by TO FUNERA should be d with the Sto		22d PHYSICIAN'S NAME (TYPE O	0	عالة		3900 LOCH RA	AVEN BLVD.	BALTI	IMORE,	MD 21218
000BP	-1	BURIAL, CREMATION, REMOVAL	236 PATE	183 8	Sult	EMETERY OR CREMATORY	23d LOCATION SITY OR TO	4: m		M STATE
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	1	REGISTRAR DECEASED NAME FIRST	WIDDLE		RTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
ε±		TYPE OR PRINT)			MJI	20. DATE OF DEATH MONTH	ZO HOUR
o deal	3	SEX HA	RRY I4. RACE	Is n	OREAR	DECEMBER 10	1982 09 1501 IF UNDER 1 YEAR IF UNDER 24 HRS
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9 3	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPI		OME OR OTHER INSTITUTION	PAT. TTMORE CT 12a USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING I	126. KIND OF BUSINESS OR INDUSTRY
	5	BALTIMORE	THE JOHN	S HOPKT	NS HOSPITAL	Supervisor	Beth Steel
filled in rauld be	3	SUAL RESIDENCE (IF NURSING HO) to STATE 13b. C		altimore	13d. INSIDE CITY LIMITS?	3728 Chestnut	Ave.
42 sh	14	FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAST
and San	O	Earl	L O	Rear	Myrtle	L. Diffenba	
Pages 1	16		S, GIVE WAR OR DATES)	SOCIAL SECURITY		ADDRESS	
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physic pape naval.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA		or (0), (b), and (c).)	A Mass		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		Roland Ave.		

8	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 2 3	1 7 3 0
(da. h)	I. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
1 100		erett W	Osborne	12-19-82	1:00R
	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
A 85	MALE	CAUCASIAN	APRIL 25 1907	75 YRS.	
2 32 158	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED T NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
1 1000	MASSACUHUSETTS	UNITED STATES	WIDOWED DIVORCED	Baltimore C	
1 11 22	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
5 5 5 C	Baltimore	John Hopkir	ns Hospital	CIVIL ENGINEER	STATE OF MASS
10 P	13a. STATE 1V8 CO	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE DUNTY 13C. CITY OR TOW ROCKVILI	N 136. INSIDE CITY LIMITS?	13e. STREET ADDRESS 809 HURLEY AVE.	720850)
ENTO	14. FATHER'S NAME	TGOTILKT KOCKVILL	15. MOTHER'S MAIDEN NA		(20030)
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(VRA 15, 4)	P.A	RT A. PUMPHREY FU.	RYLAND "OTHES,	10 23 1982 John	in the smert





LEWIS T. GWUNN 4517 PARK HEIGHTS AVENUE

FOR

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWNXIX (TYPE OR PRINT) James arl ESTI-Pagoota DEATH MATED 3. SEX 4 RACE DATE OF 6. AGE (IN YEARS IF UNDER 24 HRS 24 HOUR DATE MONTH LAST BIRTHD AY) PRONOUNCED White Male 20 62 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED X Baltimore City WIDOWED 2, AND 3 TO THE R. 3. RETAIN PAGE S 2 SHOULD BE FILED AL RECORDS, 201 W 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Nato Baltimore Monument an USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS
623 N. Luzerne Avenue 21205 13d. INSIDE CITY LIMITS? Baltimore YES Y 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Pagooxa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS SOCIAL SECURITY NO. DIVISION (YES, NO. QR UNKNOWN) (IF YES, GIVE WAR OR DATES) Donald R. Pagoota 861 Doris Dr. No ALONG WI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF TRANSIT Canditions, If ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION WRITING WARDED TO THE WARDED TO THE WARDED TO THE WARDED TO THE WARDED WARDED TO HERDED WARDED TO BEURIAL CONTROLOGICAL CONTROLOGICA CONTROLOGICAL CONTROLOGICA CO 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO XX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION NOT WHILE WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. WR PAGE 4 SHOULD BE FORWAR TO FUNEAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy Inspection ond in my opinion death resulted fram: Natural causes Accident Undetermined manner ACTUAL SSISTANT MEDICAL EXAMINER 12-31-82 SIGNATURE EXAMINER'S NAME Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE STATE Brooklyn 24 FUNERAL DIRECTOR **DHMH - 17** Zeiler & Son Inc. 901 S. (VR A15 ME (5))

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Page 4 may be director, page 3 hours after death	3 SE	Female	4 RACE Cauc.		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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equires that the death ce is signed by the attendin Then please remove carb to buriol, cremotian, or a njury, ar other traumotic	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	UENCE OF	T NOT RELATED TO THE TERMI	inal diséase or conf	DITION GIVEN IN PART 1(0)
NG PHYSICIAN: The low requires that the death certificate physician. Iter this certificate has been signed by the attending phase the buriol-transis permit. Then please remove carbons hand Mental Hygiene prior to buriol, cremation, ar removed at Item 18 shows any injury, or other traumatic even	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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TO HOSPITAL (retained by the TO FUNERAL II should be detained the State II IMPORTANT: If	23a B	KICHARO URIAL, CREMATION, REMOVAL	L D (AMM) 123b. DATE 123c	MD NAME OF (3547 CHE	23d. LOCATION CITY OF TOWN	THE BALT MD 21711
DHMH - 16 60M 7/73 (VR A 15 (4))	24 FU	Burial NERAL DIRECTOR aut E. Chenowet	1/3/83 (th 3rd. 3617 Che		Ave. JAN	REC'D. BY REGISTRAR	CO MOUNTY STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR TYPE OR PRINT OF ESTI-DEATH MATED 1 1982 Charles Panne11 2d HOUR 2:25 a M 4 RACE DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED LAST BIRTHDAY DEAD 1982 Male Black 14 50 32 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX FOREIGN COUNTRY! USA DIVORCED Baltimore City WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE 2113 Clifton Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13g STATE 13b. COUNTY Md Balto. NO 4921 St. Gemma Road DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME 1B. GIVE PAGES 1, 2 WITH FORM PM 3 AIT. PAGES TAND 2 E, DIVISION OF VITA MIDDLE LAST MIDDLE LAST FIRST Shelton Laura Pannel1 17 INFORMANT 14b. SOCIAL SECURITY NO ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) John Shelton 4921 St. Gemma Road 56 6029 THE CHIEF MEDICAL EXAMINER ALONG W LID BE USED AS A BURIAL - TRANSIT PERMIT. MENT OF HEALTH AND MENTAL HYGIENE, D TO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple stab wounds IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? **70 AUTOPSY?** YES X NO C FORWARDED TO THE COR: PAGE 3 SHOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR Subject Stabbed 19 82 2,05 KK 12 CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY JATHOME 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY WHILE AT WORK house 2113 Clifton Ave. Balto. Md. TO FUNERAL DIRECTOR: P.
TO FUNERAL DIRECTOR: P.
AFTER DEATH. WITH THE ST Inspection Inquiry 22a. I certify that I took charge of Homicide X death resulted from Undetermined manner TITLE (SPECIFY) DATE 12/1/82 Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. Balto, MD. 111 Penn St. (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION COUNTY Md. Baltimore Loudon Park Cem. 12-3-82 Cremation 25a. DATE REC'D. BY REGISTRAR 125h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** DEC Brown/Thompson F.H. 1913 W. Balto. St. (VR A15 ME (5))

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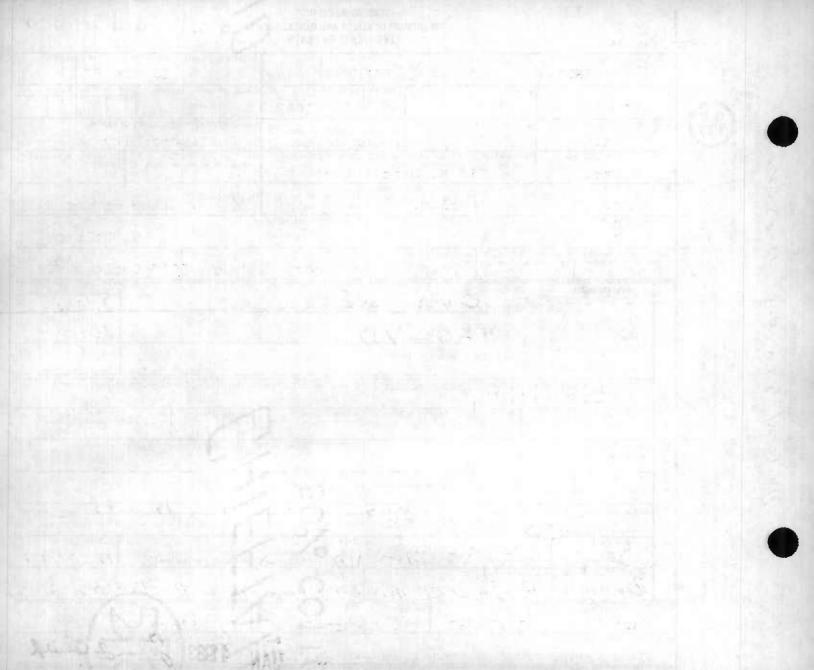
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTI-(TYPE OR PRINT) Eva Paquette 32 Elizabeth 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE May 22,1900 83T BIRTHDAY PRONOUNCED White Female. 19 82 1:31 DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED W Va USA Baltimore WIDOWED DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Practical Nurse 3838 Roland Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 130 SESSADRESTAND Avenue 1136 COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Beggleu Carlton Haines Jeanette 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT Pensaco Pares Fla. 32506 Mrs. Anna Mae Queen 7110 Windsor Oak Dr. 214-14-5715 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY2 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an death resulted fram: Suicide Hamicide L 12/7/82 EXAMINER'S NAME Hormez R. Guard, M.D. 111 PennStreet, Balto.MD 21201 TYPE OR PRINT ONE 23d LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Baltimore Md. Dec.14,1982 Parkwood 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Leonard J. Ruck Inc. Baltimore, Maryland 20M 4/B2

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	1.	FOR STATE REGISTRAR			NT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2	31,	5/
e 4		CEASED NAME FIRST	MIDDLE		LAST	2a DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
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1 5	3. SE		4 RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST &	IRTHDAY) IF UNDER 1 YEA	
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M)		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT		MARRIED NEVER MARRIED !	DATETMO	OR COUNTY OF DEATH	
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22		ALTIMORE	THE JOHN	IS HOP	KINS HOSPITAL			
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35		ARYLAND						
-		ATTUAND THER'S NAME	IBA	LTIMO	15. MOTHER'S MAIDEN		HESTER AVE	
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medico	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)					
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		BURIAL CREMATION, REMOV	AL 23b. DATE	IJC. NA	ME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE
			12/19/1	985	лин	- A 1 1 1 1 1		
	24. F	UNERAL DIRECTOR			25a. C	ATE REC'D. BY REGISTRA	R 756 REGISTRAR'S SIGN	ATURE
50M 4/82 15, 4)		NAME		ADDRESS		N 3 1983	pand in	may .
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) ANNIE PARKER 12 28 82 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 24 1882 Black Female 100 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Va. USA Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Balto. 516 N. Brice Street USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 131. CITY OR TOWN Balto. 130. STREET ADDRESS 516 N. Brice Street 21223 13d INSIDE CITY LIMITS? Md. YES PS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Nicholson Unkn Patsy ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES (YES, NOOR UNKNOWN) 5015 Corley Unkn Elenora Pittman APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1) ac 220 I certify that (1) (this haspital) attended the deceased from _19 🕏 🔀 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Nov, 30 sow the deceased oliva-en above, (1) (we) (did) (did not) view the body after death 2 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (FIRE OF FRINT) 27e ADDRESS ld b 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE CITY OR TOWN Burial /31/82 Baltimore, Mt. Auburn Cem. Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 DHMH - 16 50M 4/82 (VRA 15, 4) Wm C March F/H 1101 E. North Ave



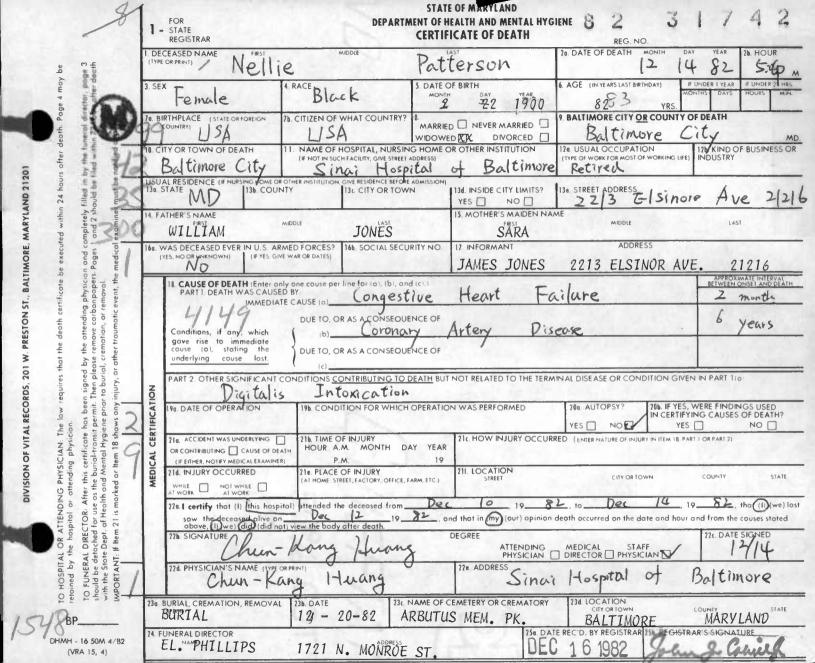
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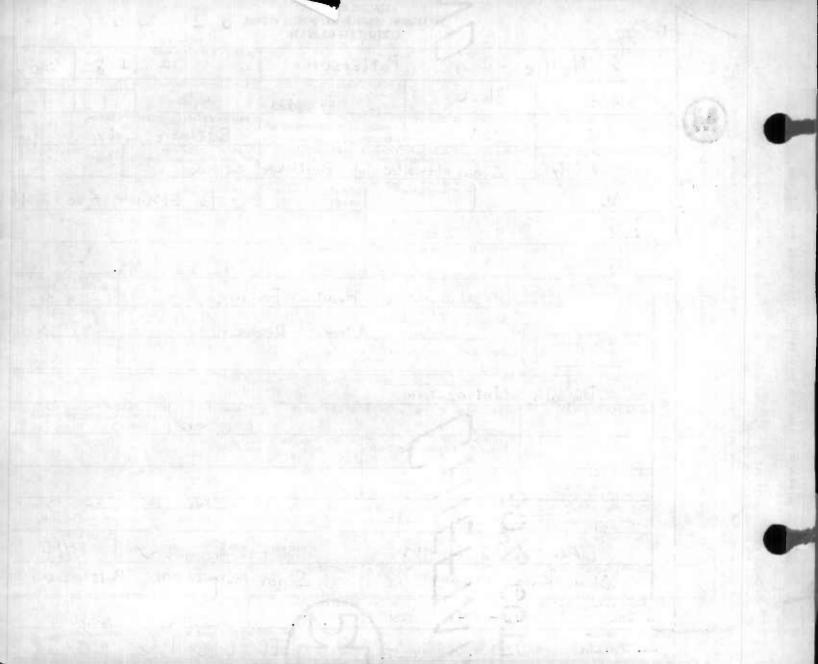
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and the second second	1. DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH DAT	Y YEAR 25. HOUR
ege 3	(TYPE OR PRINT) MARGU	ARITE	PARSONS	December 2, 19	82 5:50Am
a de	3. SEX	4. RACE	DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
ge 4	Female	White	Dec. 15, 1892	89 yrs.	
Pod di	78. BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
of Training	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore Ci	ty, MD.
ofter o	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI Long Green Nu	DRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	12b. KIND OF BUSINESS OR INDUSTRY Home
212	USUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	OMISSION)		
NN 24 t	Maryland Bal	timore 21204	13d INSIDE CITY LIMITS?	405 Range Roa	d 21204
RYL outhing	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
MAR ed w		A. Hooper	Caroly	vn	Davis
ORE, cecut	WAS DECEASED EVER IN U.S. AR	E WAR OR DATEST		ADDRESS	
IMC Page	(YES NO OR UNKNOWN) (IF YES, GIV	212-10-0	260 CarolyA I	Erazier Towson	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death certificate signed by the attending physic line please remove carbanpape to burial, cremation, ar remaval, niury, ar other traumatic event, the niury, ar other traumatic event, the		DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)		AINAL DISEASE OR CONDITION GIVEN	
low re	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
JISION OF VITAL R PHYSICIAN: The intending physician. For this certificate has the burial-transit pe and Mental Hygiens and Mental Hygiens and con them 18 show and on them 18 show and on them 18 show and on them 18 show	On COLUMNIC CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
SICIP ng pl certif rial-i	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
PHY fending the bund w	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR	M. ETC.) 211. LOCATION STREET	CITY ON TOWN	COUNTY STATE
		111	1975	18012	82
ATTENDINI ASSPITATION AND AND AND AND AND AND AND AND AND AN	220.1 certify that (1) (this haspi	0 11/10 / 0	and that in (my) (our) apinion	death accurred on the date and hour o	, that (I) (we) last
ATT OSPIN	124 SIGNATURE	t view the body after death.	DEGREE		22r. DATE SHENEDY
SPITAL OR NERAL DIRE NE ALL DIRE DE detecher e Stote Dept.	124 PAYSICIAN'S NAME (TIPL)	n of Helfred	Adv.	MEDICAL STAFF DIRECTOR PHYSICIAN	12/2/82
D S S S S S S S S S S S S S S S S S S S	THE PERSON STORMS (THE C			and Avenue 323	-4333
Sho of sho	238. BURIAL, CREMATION, REMOVAL	236. DATE 236. NA	ME OF CEMETERY OR CREMATORY	23d. LOCATION	
0000 _{BP}	(SPECIFY)Burial			ery Cambridge Do	COUNTY STATE
7	24 FUNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 2/6 REGISTRA	
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR FUI	neral Home, Gam)	oridge,Md. D	EC 6 1982 Joan	it whill

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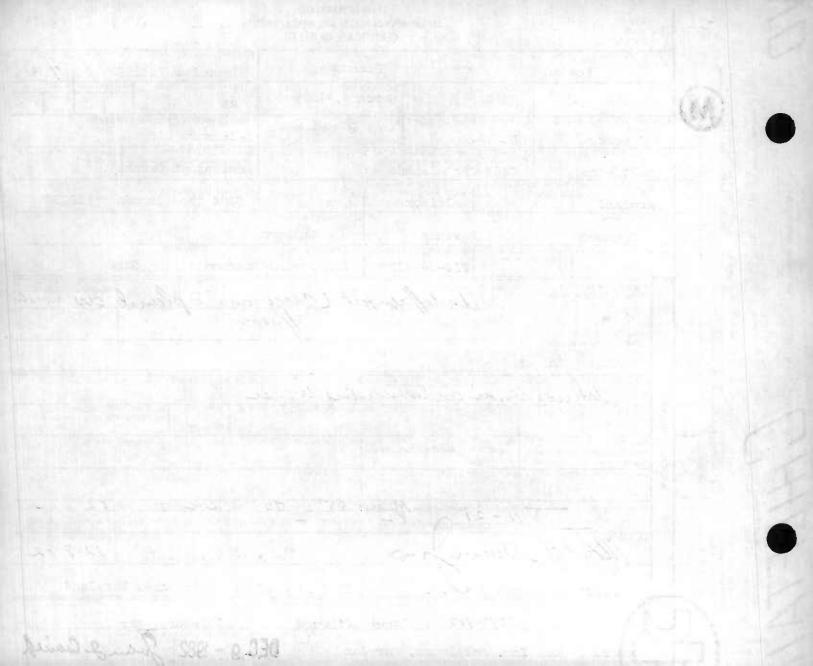




6	- 5	OR TATE EGISTRAR		DEPAR	TMENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYGIE		EG. NO.	3 1	7 4	3
	1. DECE	ASED NAME FIRST		MIDDLE		AST	1	0. DATE OF DE	ATH MONTH		EAR 2b. HC	
y be		VICI	ORIA	A	P	AULS			12.	-21-8	2 10	30 M
ge 4 moy	3. SEX	EMALE	1. RACE BL	ACK	5. DATE C	F BIRTH	YEAR 17	AGE (IN YEARS	5 Y	MONTHS RS.	DAYS HOURS	ER 24 MRS
Od the off	COL	MA MA	(WHAT COUNTR	WIDOWE		RCED	BALTIMORE		UNTY OF DEA		MD.
by the to	BA	OR TOWN OF DEATH	UNIVE	HOSPITAL, NURS CHEACILITY, GIVE, STRI CS 1 TY C	F ML			SEAM.	STRE	SS 126. K INDU LO	IND OF BUSIN	FOG
AND 215 n 24 hou infiditi	130. STA	RYLAND BAL	OTHER INSTITUTION ITY T. CITY	BALT	ORE ADMISSION) WN I MORE	13d. INSIDE CITY		30. STREET ADD		IALLU	wos	T
red within 24 ompletely lift of the control of the		JOHN	MIDDLE	JACKS			NNIE	MII	P	E,	NISIS	
BALTIMORE cote be execu systicon and c opers. Pages vol.	160 WA	S DECEASED EVER IN U.S. ARI	MED FORCES? E WAR OR DATES)	214-20		17. INFORMANT		514 N.	ADDRESS Smalls	rood St	. Balt	o Md
W. PRESTON ST., BAL nat the death certificate by the attending physici se remove carbon paper 1, cremation, or removal.		CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) A D IMMEDIAT Conditions, if any, which gove rise to immediate cause (o), stofting the inderlying couse lost.	DUE TO, C		STAT DUENCE OF	IC OVA	RIAN	CAR	CINON	UA BET	rpproximate int ween onset an	ERVAL 10 DEATH
ECORDS, 20 low requires the seen signed remit. Then pleat prior to burious, only injury, or	NOL	ART 2 OTHER SIGNIFICANT OF BOWE	LOBS		ION			200 AUTOPSY	20b. I	IF YES, WERE F	FINDINGS US	ATH?
SION OF VITAL R PHYSICIAN: The I ending physicion. This certificote ho: The buriol-transit pe and Memol Hygiene d or frem 18 shows:		O. ACCIDENT WAS UNDERLYING TO RECONTRIBUTING CAUSE OF DEA	101		DAY YEAR	21c. HOW INJU	RY OCCURRE	YES NO	OF INJURY IN ITE	YES	NO ART 2)	Ш
UC PHYS offer this cost the burner or weed or the burner or weed or the burner or weed or the burner	¥ .	d. INJURY OCCURRED WHILE NOT WHILE WORK		OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	21f LOCATION STREET		Cit	Y OR TOWN	COUN	YTY	STATE
R ATTENDIN hospital or use RECTOR. After red for use or ppt. of Health rem 21 is mon		saw the deceased alive on above, (1) (we) did (did not	The same of	1 7 1	07.1	d that in (my) (a	19 <u>82</u> ur) apinion de	_, tol ath occurred an	the date and		2, that (1) m the couses :	
0 = 0 70 -		Mary Beth &	wlsay;	MD		DEGREE ATT PH'	ENDING YSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN D	. /	DATE SIGNED	
TO HOSPITAL retained by the TO FUNERAL should be deto with the Stote IMPORTANT: II		MARY BETHLIN	DSAY	MD		22		EENE		BALT.	MD	•
50 BP	BÜ	RIAL, CREMATION, REMOVAL RIAL	236. DATE 12-27		PINELAW	N MFM. 1	PARK	23d LOCATIO CITY OR TO Annap	NWN Olic	COUNTY	Naryl	state
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3	1 - FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 2 3	1144
e s pe	I. DECEASED NAME FIRST	MIDDLE C	Paxenos	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
> 00	Kostas 3. SEX			December 7, 1982	NDER 1 YEAR OF UNDER 24 HRS.
ge 4 m	Male	4. RACE White	5. DATE OF BIRTH March 8, DAY 1896 YEAR	86 YRS.	THS DAYS HOURS MIN.
oath. Po	OUNTRY) 6. BIRTHPLACE STATE OR FOREIGN COUNTRY) Greece	76. CITIZEN OF WHAT COUNTY $U.S.A.$	TRY? 8. MARRIED INEVER MARRIED WIDOWED DIVORCED	1 Daltimoro Citu	DEATH
ofter de virhi	10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NL (IF NOT IN SUCH FACILITY, GIVE S 5804 The Ala	IRSING HOME OR OTHER INSTITUTION TREET ADDRESS)	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OF
24 haurs uld be filled in b	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b COUN Maryland	OTHER INSTITUTION, GIVE RESIDENCE	SEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 5804 The Alameda	21239
thin thin	14. FATHER'S NAME		15. MOTHER'S MAIDEN N		
and and	Dyonnous	Paxenos	This is	MIDDLE	LAST
S Con	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
Pages medica	(YES, NO OR UNKNOWN) (IF YES, GIVI	214-26	5-6170 Mrs Ismini	Paxenos Sam	e
quires that the signed by the hen please rei to burial, crem plury, ar ather				RMINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
has been permit. The permit of	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, W	ERE FINDINGS USED G CAUSES OF DEATH?
PHYSICIAN: The rending physicio this certificate be buriol-transit of Memory and Mysician dar Hemil 8 sha	00.00.000.000.00	TH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	
offendin offer this of state but hond Me	OR CONTRIBUTING CAUSE OF DEA TIF EITHER, NOTHER MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OF		CITY OR TOWN	COUNTY STATE
spiral or spiral or CTOR: At for use of Healt	220.1 certify that (1) (this heaper saw the deceased alive an above, (1) (we) (did-) (did not	11-210	om <u>March 25</u> , 19 <u>71</u> 19 <u>82</u> , and that in (my) (con) opinio	on death occurred on the date and hour on	d from the causes stated
TALOR, y the horal DIRE detached hote Dept.	226. SIGNATURE JEST) Shuan		MEDICAL STAFF MEDICAL STAFF DIRECTOR PHYSICIAN	12-8-82
O HOSPIT TO FUNER should be with the St	Alfred G OS	ssman Jr M.D.		ul St Baltimore, Ma	aryland
18	236 BURIAL, CREMATION, REMOVAL (SPECIFY)		23c NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITYOR TOWN	DUNTY STATE
/ BP	Burial	12/10/82	Greek Orthodox	Baltimiore, Mary	land
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FUNERAL DIRECTOR NAME Leonard J Ruck	Inc. Baltimor	e, Maryland	EC 9 - 1982	I Comit



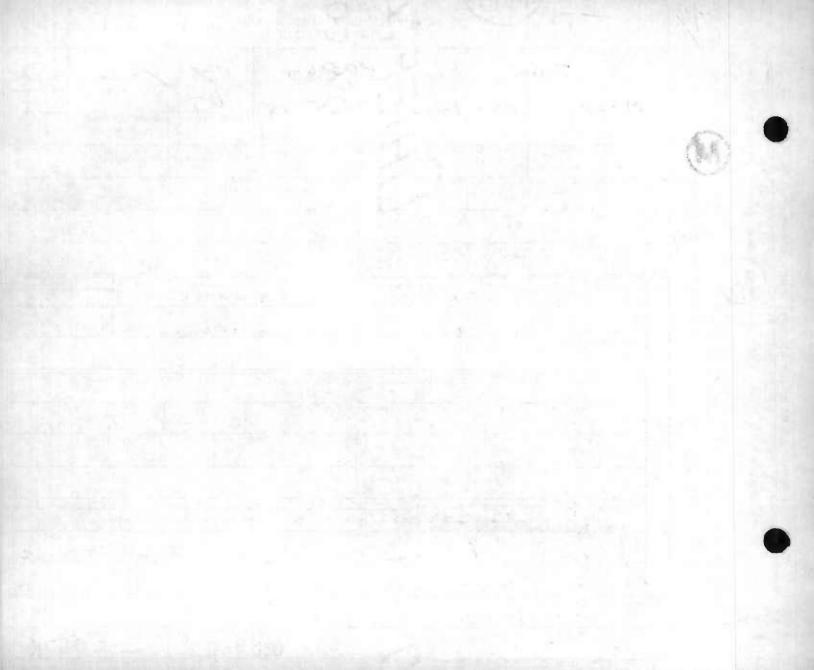
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	1-	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.		
		CEASED NAME FIRST		WIDDLE	L	AST			DAY YEAR	26 HOUR
nay be page 3	{ TYPE	CRPRINT) Lade	eslous			PECZKA	December	23,	1982	8:40a M
od of	3. SE	(4 RACE		5. DATE C		6. AGE IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
9 8	1	Male	White	e	10-	25-22 YEAR	60	YRS.	DA13	NOONS WITE
a 133		RTHPLACE (STATE OF FOREIGN MASS.	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	_		
4 1 1	1	Unknown	US		WIDOWE	DIVORCED	Baltimor	e City	У	MD.
of the ford	10. C1	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATI			F BUSINESS OR
by th		Batlimore	Mar	y land Ge	neral	Hospital	Unkno	Win	State	e Gov't
d in be		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	Maintena 13. STREET ADDRESS	nce		
S tell 2		Md.		Baltimo		YES X NO	140 W. La		te Aveni	ue
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours restrating physician. Hare this certificate has been signed by the attending physician and completely filled in by as the burial-transing permit. Then please remove cathoropers. Pages and 2 should be filled in and Memial Hygiene prior to burial, creamonia, or removal. The stocked or them 18 shows any injury, or other troumatic event, the medical breathier may be in a created or them.	14. FA	THER'S NAME	MIDDLE	LAST P	eczka	15. MOTHER'S MAIDEN NA.	WE		LASS	
AM be apply	Rı	idolph		/WAKHOWN	002710	Agnes		Kasa	a whichou	√n
xecuted xecuted of complete co		AS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
IMORE e exect Poges	No	14 els aus a s	IVE WAR OR DATES)	025-14-2	482	MedicalidReco	rd			
ALTI		18. CAUSE OF DEATH (Enter of	only one cause per	line far (a), (b), one	d (c).				BETWEEN	MATE INTERVAL
T., B phy phy may vent		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Sepsis						
or re		5107		R AS A CONSEQUE	NCE OF					4-1
death death attend attend ave co trian, a trian,		Conditions, if any, which	(b)	Empyema	.1402 01					
the o		gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF					
that I was I by I bose I cre		underlying cause last.	(6)	R AS A CONSEQUE	INCE OF					
20 res the please the		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART TO	
RDS,	O	Diabetes	mellitu	s, Stroke						
on y min.	CAT	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		S, WERE FINDIN	
has be	TIFIC						YES NO X		S	NO
VITAL NN: The hysicia icate h ronsit Hygie 18 sha	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING			W WE 48	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
CLAP CLAP of-tr		OR CONTRIBUTING CAUSE OF D		.M. MONTH DA .M.	19					
PHYSICIA PHYSICIA this certifi te burial-tr id Mental	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE
VISIC The part of the part of	W	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F.	ARM, ETC }	STREET	CITY OR IC)WN	COONIT	SIAIE
DING P or other After the			pital) attended th	ne deceased from	ovem	ber 22 10 82	to Decemb	er 23	19 82	that XI (we) last
TEN To OR		22a.1 certify that (this has saw the deceased alive a	Decembe	er 23 19	82 , 61	nd that in (🏂) (our) opinion	death occurred an the d	ate and hou		
RECT RECT Ppt. o ppt. o		above, X1 (we) (did) (dix)	X view the bady	after death.	_	DEGREE			22c. DATE	SIGNED
to the Des		X	1	Then -		ATTENDING PHYSICIAN	MEDICAL STA		12/	/82
ERAIL Stort		22d. PHYSICIAN'S NAME ITYPE	ORPRINTI	y w	_	226 ADDRESS	_ DIRECTOR PHYSIC	IANE	12/	702
O HOSPITA eloined by i TO FUNERA should be de with the Stot				D		c/o Marylan	d Gemeral H	osnit:	al	
With With With Williams	0.2	Kuo-Liang H			LAME OF C	EMETERY OR CREMATORY	123d LOCATION	OSPIC	u 1	
11.11		BURIAL, CREMATION, REMOVA			NAME OF C	EMETERT OR CREMATORY	CITY OR TOWN		COUNTY	STATE
10 / BP_//	24 5	Removal JNERAL DIRECTOR	12/26	/82		I25a DAT	E REC'D. BY REGISTRAR	25h REGIST	PAR'S SIGNATI	IRE
DHMH - 16 50M 4/B2	Z9. P	NAME		ADDRESS	Dalt	0.50		0	O P	1.0
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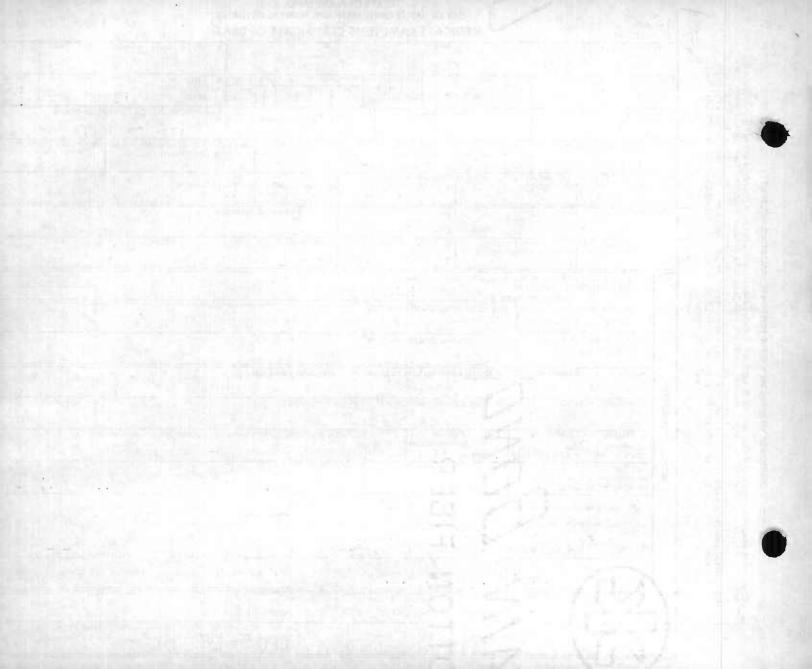
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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111					STAT	E OF MARYLAN	D			3	
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	I DEC	CEASED NAME FIRST		NIDDLE		AST		20 DATE OF DEATH	MONTH DAY	YEAR 26 HO	
		2014	M		P	GORA!	m	12/3	182	105	AM
	3 SEX		4 RACE		5 DATE C		YEAR	AGE IN YEARS LAST BIRT	MONTHS	DAYS HOURS	ER 24 HRS
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12		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF		RY? 8	NEVER MA	RRIED .	BALTIMORE CITY C	_		
1		Virginia	U.S		WIDOWE		RCED		nore Ci	tу	MD
01	10. CI	TY OR TOWN OF DEATH		OSPITAL, NU H FACILITY, GIVE S		R OTHER INSTIT		12a USUAL OCCUPATI		KIND OF BUSIN	VESS OR
70	Ba	ltimore	MASON I	F. LOI	RD NURS	SING HO					
35	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 13b) COU	OR OTHER INSTITUTION. JNTY		efore admission) town imore	13d. INSIDE CITY	LIMITS?	13e. STREET ADDRESS 1523 N	. Payson	n St.	
300	14 FA	THER'S NAME FIRST Freeman	MIDDLE	Pec	gram	15. MOTHER'S M	AAIDEN NAM			Jones	
1	160 V	AS DECEASED EVER IN U.S. A	RMED FORCES?		SECURITY NO.	17 INFORMANT		ADDRE	SS		
	-14	ES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	213-09	9-0725	Grace	Pegra	m 1523	N. Pays	on St.	
		18 CAUSE OF DEATH (Enter of								APPROXIMATE INT	ERVAL
		PART I. DEATH WAS CAUS	SED BY.	_		TUNY	A	nnnst		JETWEEN ONSET AN	ND DEATH
		31101 IMMEDIA	ATE CAUSE (a)			10.00	763	101-51			
Dun		Conditions, if ony, which	DUE TO, OR	AS A CONSE		3 NICHO	21+201	oppor			
		gove rise to immediate cause (a), stating the	(6)			* 14(C)(1)	- / - / / / (01100	7		
		underlying cause lost.	DUE TO, OR	AS A CONSE	OUENCE OF						
ury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN	PART I(a)	
0	ATIO	19n. DATE OF OPERATION	TIPE CONDI	TION FOR WA	HICH OPERATIO	N WAS PERFORA	AED	20a. AUTOPSY?	20b. IF YES, WERI	F EINDINGS HE	ED
9	FIC.	THE DATE OF OFERANOIS	TW COIND	, , , , , , , , , , , , , , , , , , ,	HEIT OF ERRITO	TY WAS I EN ON			IN CERTIFYING	CAUSES OF DEA	ATH?
7	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	FINJURY		121c HOW INJU	IRY OCCUPRE	D JENTER NATURE OF INJUI	YES TEM IS PART LOR	NO PART 21	
1		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.A	M. MONTH					, , , , , , , , , , , , , , , , , , ,		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.A 21e. PLACE C		19	21f. LOCATION					
	ME	WHILE IT NOT WHILE IT		EET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR TOV	VN COL	UNTY	STATE
		AT WORK	- 4-1\ -444-4-4-5-	deserved (16	1110	10 C- 6	. 14	3 100	7 1	13/11
		22a. I certify that this has sow the deceased alive a	n 12/	3	1 /	nd that in (my) (a	opinion de	eath occurred on the de	ate and hour and f		lost stated
4	1 - 17	Above (I) (Metadid) (dide	of view the body	ofter death.		DEGREE	2	The or		c. DATE SIGNED	
		() sh	11	1		_ ATT	ENDING	MEDICAL STAI	FA	14-15	en.
1		THE HYSICIAN'S NAME ITHE	DEPEND	un	1	22e ADDRESS	YSICIAN [DIRECTOR PHYSIC	IAN	7 7/	86
	-	COUNT		0 1 10	0.	1			1617	-	
11	20			AVIS		494		173d LOCATION	pm	BMI	. 7/
	23a. B	URIAL, CREMATION, REMOVA				EMETERY OR CRI		CITY OR TOWN	COUNTY		AD.
	7.6 E1	Burial	12/8/	82	Cedar	Hill (Cem	Glen Burec'd, By Registrar			עני
		NAME	- /	ADDRES					Con L.	CALL	1
	WI	n. C. March	F/H. Tr	C. 11	01 E.	North	DEU	1200	To many	NO LONGUL	18



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST OF ESTI-DEATH MATED 2b HOUR (TYPE OR PRINT) Ralph MELVIN Penninaton 1982 AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d HOUR 1:30 5. DATE OF BIRTH DATE MONTH LAST BIRTHDAY) PRONOUNCED 1982 Male Black 5 37 45 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED Camden, N.J. Baltimore City, USA WIDOWED [DIVORCED OCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore University Hospital LIAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Maryland Baltimore 935 N. Broadway 21205 YESXX NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Pennington Marie Cooper 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRES Camden, N.J. 16b. SOCIAL SECURITY NO. 148-28-6572 No Dorothy D. Pennington 316 S. 27th 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES KXON 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 7 . OOKK 2019 82 subject run over by garbage truck 21f. LOCATION AT WORK NOT WHILE Roberts Ave. east of Wesley Ave., Balto., Md. EXECUTE THE CERTIFICATE, WRITII
PAGE 4 SHOULD BE FORWARDEI
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE TATE DE
BATTINORE, MAR. 21201 F street Inspection XX 22e I certify that I taak charge of the remains described above, held an Undetermined manner 12-2-82 Dennis F. Smyth. M.D. III Penn Street EXAMINER'S NAME 23g BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BURTAL Evergreen Cemetery Camden 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE . **DHMH - 17** Wm.C.March F/H Inc.1101 E.North Aveue (VR A15 ME (5)) 20M 4/B2



y	1,	FOR	DEP		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2 3	1749
1	1'	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
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sy be oge 3 deoth		ELC ELC	A		PEKDVE	12	2 82 5:20 1
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8	9a. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
deort.		IRGINIA	US	WIDOWE	D DIVORCED	Baltimore City	MD.
201 rs ofter filed with	1	BALTO.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	MARIT	AN HOSP	120. USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING LII HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
AND 217	13a. M.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUT ARYLAND		TOWN	YESXX NO 🗆	136. STREET ADDRESS 3702 BELLE AVE.	21215
withi within d 2 s	14. F	ATHER'S NAME MAJOR	MIDDLE	ī	15. MOTHER'S MAIDEN NAM	ME	TOUGUAN
E, MAR	1/40	MAJUK WAS DECEASED EVER IN U.S. AR	MARKS MARKS	SECURITY NO.	MAIIIE 17. INFORMANT	ADDRESS	EDMONDS
be execution and s. Poge			/E WAR OR DATES)	SECORIT NO.	MARCUS PERDL		
RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending physic Then please remove or removable rit burnal, cremation, or removable injury, or other troumatic events	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	TE CAUSE (0) CON (ON CORRESPONDING TO THE CONTRACTOR COMPANY	JESTIV	E HEART DGKIN L ECURRENT NOT RELATED TO THE TERM	FAILURE - YMPHOMA - PLEURAL E INAL DISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1974 1974 FRUSTON 1976 VEN IN PART 1(0)
AL RECORDS he low requi on. hos been sig t permit. There tene prior to the owe only injur	CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)
F F S S S S S		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	TICHER LAND ALCOHUTE	H DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
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DIVISION DING PHY or offendia After this se of the bu offh and M morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
a o o o		220 I certify that (I) (this hospi	tal) ottended the deceased f	11/1	182 10	12/21	10 82 that (I) (wa) loca
ATTEN(ospital CECTOR: cd for us it, of Hee		sow the deceased alive on	12/2	001	nd that in (my) (our) opinion o	death accurred on the date and hou	or and from the couses stated
조 도 조 도 의 후	1/	226. SIGNATURE	NO 11 k	7.00	DEGREE	HOUSE	22c. DATE/SIGNED
TAL O y the XAL DI detocl hote Do vii. If if		Leto	Illo MU		M) ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/2/82
TO HOSPITAL Oretoined by the TO FUNERAL Disposal before with the Store Dimpostant: If		22d. PHYSICIAN'S NAME (TYPE O	CEBALL	05	GOOD 1226. ADDRESS	SAMARITAN	HOSPITAL
16/1/2 = 43 3	23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
0 / I BP		ENTOMBMENT UNERAL DIRECTOR	12-8-82	ARBUTUS	MEM. PK.	BALTIMORE E REC'D. BY REGISTRAR 256 PEGIST	MARYLAND
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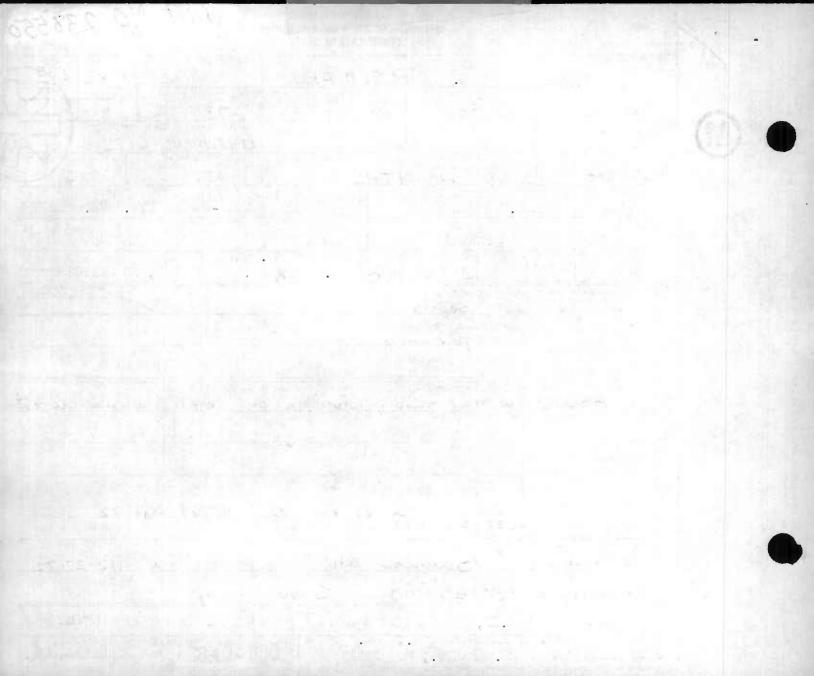
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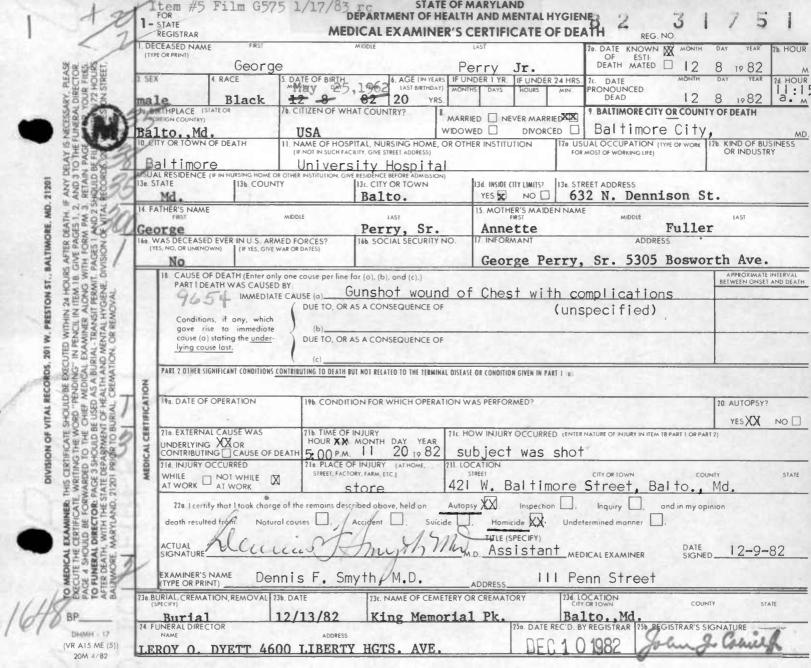
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	7	MARYLAND	USA		WIDOWE	DIVORCE	ED 1	BALTIMOI	RE CI	TY	MD.
2	BI	ALTIMORE	SINAI	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		20 USUAL OCCUPAT TYPE OF WORK FOR MOST O NONE		IZE KIND OI INDUSTRY NON	F BUSINESS OR
5	134: 5		YTY	13t CITY OR TOW BALTIMOR	/N	13d INSIDE CITY LIM		7226-B PA	RK HTS	. AVE.	21208
×		ATHER'S NAME FIRST DAVID		RLMAN LAST		ANNA		MIDDLE		APIRO	
2		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? (E WAR OR DATES)	217 67		32 W. PEN		DAVID 600 E. TOW	SON, M		
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR DUE TO, OR DUE TO, OR (b) (c)	Sepsis AS A CONSEQUI PNE 4 Y AS A CONSEQUI	ENCE OF		212X 7241				MATE INTERVAL INSET AND DEATH
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT (PSCUD) 190 DATE OF OPERATION	with	m4000	irdial	NOT RELATED TO THE		ALDISEASE OR CON UCL 200 AUTOPSY? YES NO X	Tab. IF YES,	WERE FINDIN ING CAUSES	accident GS USED
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.N	A. MONTH DA	AY YEAR		OCCURRED) (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) 21f LOCATION STREET CITY OR TOWN							COUNTY	STATE	
		220 I certify that (I) (this haspital) attended the deceased from Dec 27 30m, 19 22, to Dec 27 6 mm 19 22, that (I) (we) last saw the deceased alive on Dec 27 5 mm, 19 22, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
		Douge	2 8	Ban	S		DING CIAN []	MEDICAL STA DIRECTOR PHYSIC	FF CIAN 📉	12 - Z	SIGNED
-		DOUGLAS E		ves n	20	22e ADDRESS Sin	ja'i	Hosp.		de vil	
	23a B	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	DEC.29,	1982 CH	IZUK		TORY	BALT IMORE		COUNTYMARY	LANDATE
		UNERAL DIRECTOR SOL		N & BROS BALTO PRESS		1215	DE DE	301982	256 REGISTRA	AR'S SIGNATI	rhild



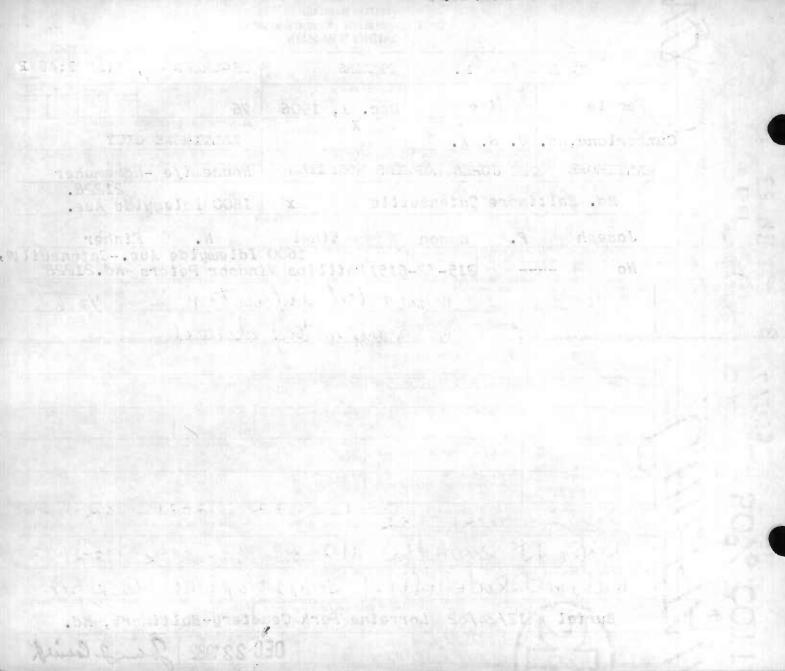


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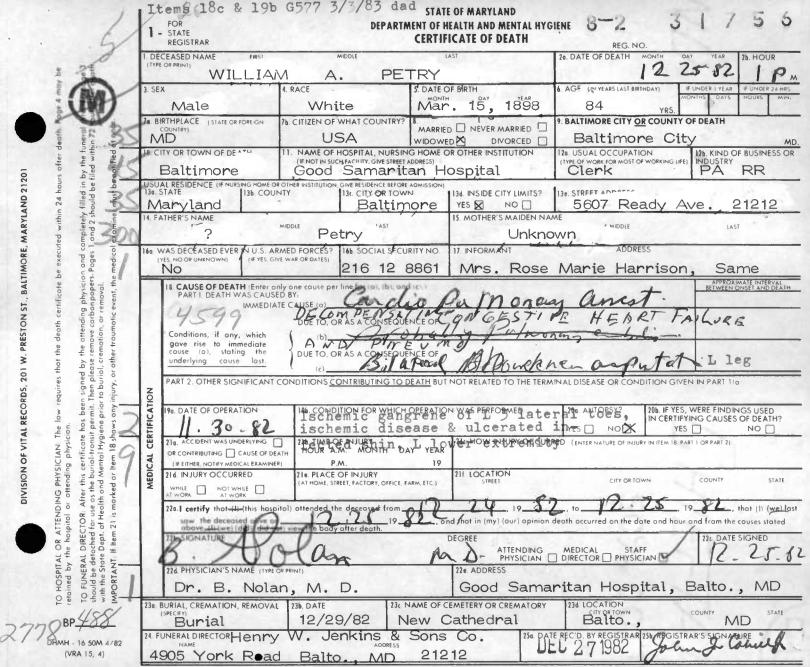
STATE OF MARYLAND

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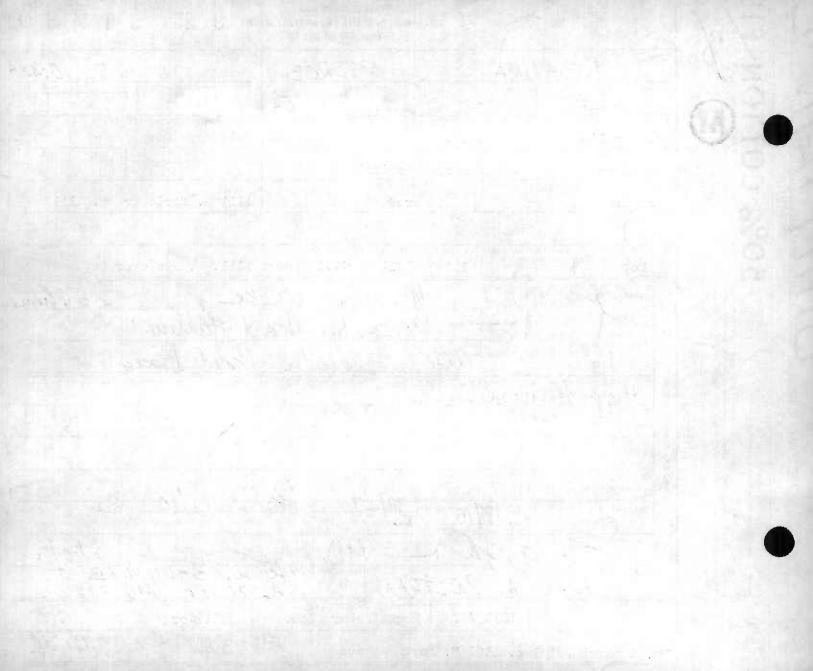
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ithir fe	10.5	TY OR TOWN OF DEATH		PITAL, NURSING HOA	AE OR OTHER INSTITUTION	128. USUAL OCCUPAT	I ION	176. KIND OF BUSINESS OR
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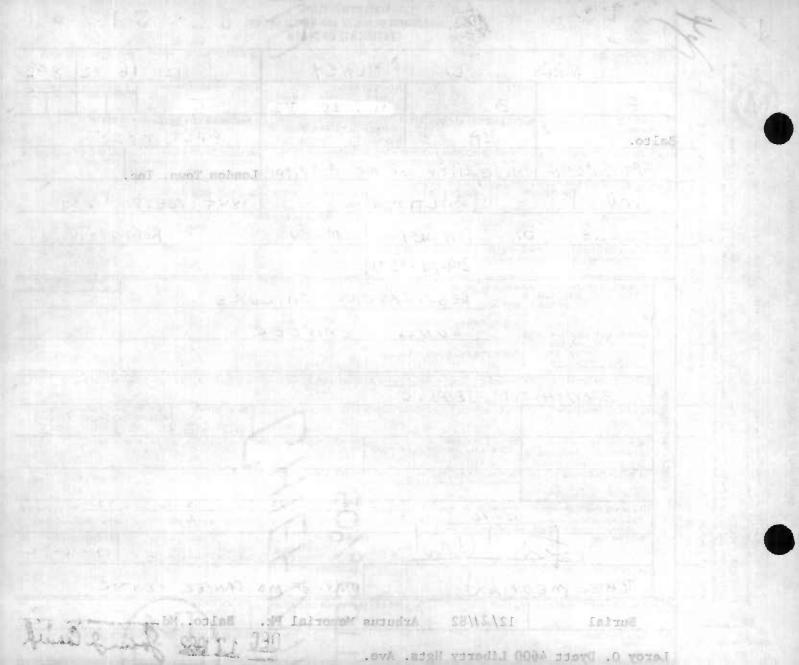
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juires that the deatl signed by the atten on please remove c a burial, cremation, jury, or other traum:	Z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)	or as a conseque Urinary	na (0a NCE OF Tract	Infection NOT RELATED TO THE TERM		DITION GIVEN	IN PART 1(0	
bos been the special permit. If ene prior is ene prior in	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
DING PHYSICIAN: The or ottending physicia or ottending physicia describing the assument that services as the burial-transit alth and Mental Hygie marked or Item 18 sha	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. LIE ETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A PRINTERS PRINT	P.M. OF INJURY TREET, FACTORY OFFICE, F	19 ARM ETC)	211. LOCATION STREET	RED {ENTER NATURE OF INJUR		OR PART 2)	STATE
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O HOSPITAL etained by 1 TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYP		MIF),	22e ADDRESS	and General		1	
) BP	230.	BURIAL, CREMATION, REMOVA		20/82 Md	• Ve	emetery or crematory terans Ceme				d.
DHMH - 16 50M 4/B2	75	UNERAL DIRECTOR	white -	7 - ADD GAR	0	25 OE	C 1 7 1082	256 GGISTRAR	S SIGNAL	RE

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STATE OF MARYLAND



TO FUNERAL DIRECTOR, After this certificate has been signed by should be detached for use as the bursal-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to bursal,

(VRA 15, 4)

ATTENDING PHYSICIAN, The low

MPORTANT: If them 21 is marked or them 18 shows any

	1			STATE OF MARYLAN	D		10 .	2 (3
	1.	FOR STATE	DEF	PARTMENT OF HEALTH AND ME	NTAL HYGIENE &	3 2	31/	0 6
		REGISTRAR		CERTIFICATE OF DE	ATH	REG. NO.	5	
		CEASED NAME FIRST	WIDDIE	LAST	20 DATE	OF DEATH MON	ITH DAY YEAR	26 HOUR
	(136)	CURT	TC M	PIPPEN		17	2 16 82	8390 11
	1.56		IS M.	5. DATE OF BIRTH	6 AGE II	IN YEARS LAST BIRTHDA		141
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φ		BALTO, CITY	(IF NOT IN SUCH FACILITY, GIVE		(TYPE OF W	ORK FOR MOST OF WO	RKING LIFE) INDUSTRY	×11 ~~~
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d	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR W	HICH OPERATION WAS PERFORM	150 T20- ALL	TOPSY? 20b	. IF YES, WERE FINDI	NOS USES
1	FIC		170 CONDITION TO IN TO	THE TOTERATION WAS TEN OWN	200 40	IN	CERTIFYING CAUSES	OF DEATH?
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- 1			spital) attended the deceased f	12 - 14	. 27	17-	16 10 82	
- 1				Ra	19		, , , , , , , , , , , , , , , , , , , ,	that (I) (we) last
- 1			an 12 16 not) view the body after death		r) opinion death accur	rea an the date a	nd haur and fram the	causes stated
1		22b. SIGNATURE	for for old	DEGREE			22c. DATE	
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/		224 PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS				
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	250 B	DRIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY OR CRE	MATORY 23d. LO	CATION ITY OR TOWN	COUNTY	1 smal
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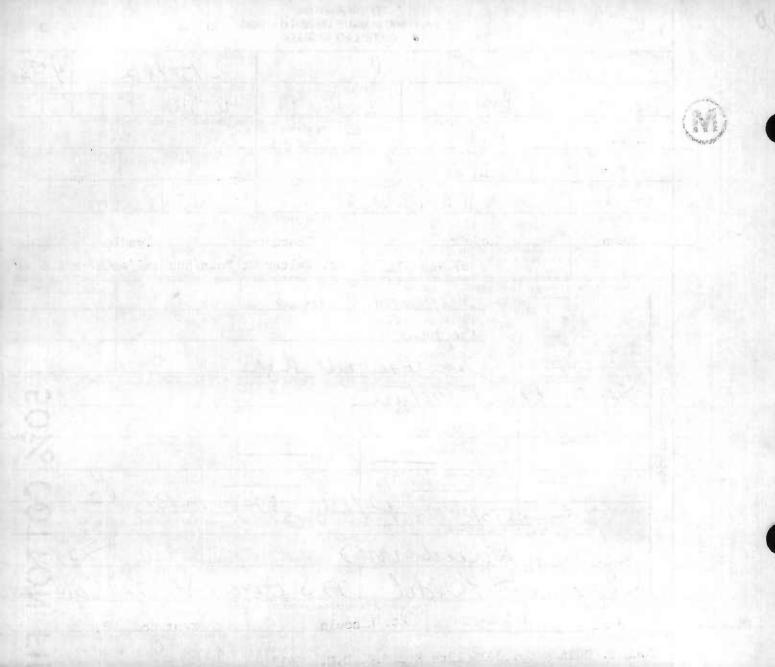
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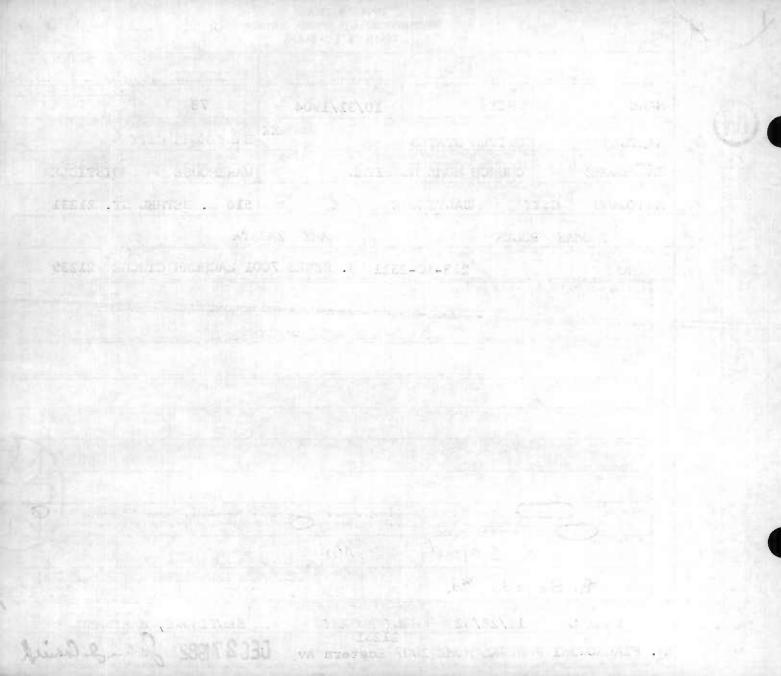
			FOR		STATE OF MARYLAND		
Ń		1	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 1 7 6 4
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AND 21	BS BS	Illa.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUN	NTY 13c. CITY OR TON	/N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 33/	W. 27 12 4.
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AL RECO	The low icion. The hos been sait permit. Giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO.	WERE FINDINGS USED (ING CAUSES OF DEATH?
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	the he hochestoches Dep		22b. SIGNATURE	mer	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	121. DATE SIGNED
	etoined by TO FUNERA should be de with the Stot		22d PHYSICIAN'S NAME (TYPE O	ARMICRO	220 ADDRESS WYM HN	PARK HEALT	H system
	BP	23a	BURIAL, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATORY Lorraine Park	238 LOCATION CITY 98 10 The Md.	COUNTY STATE
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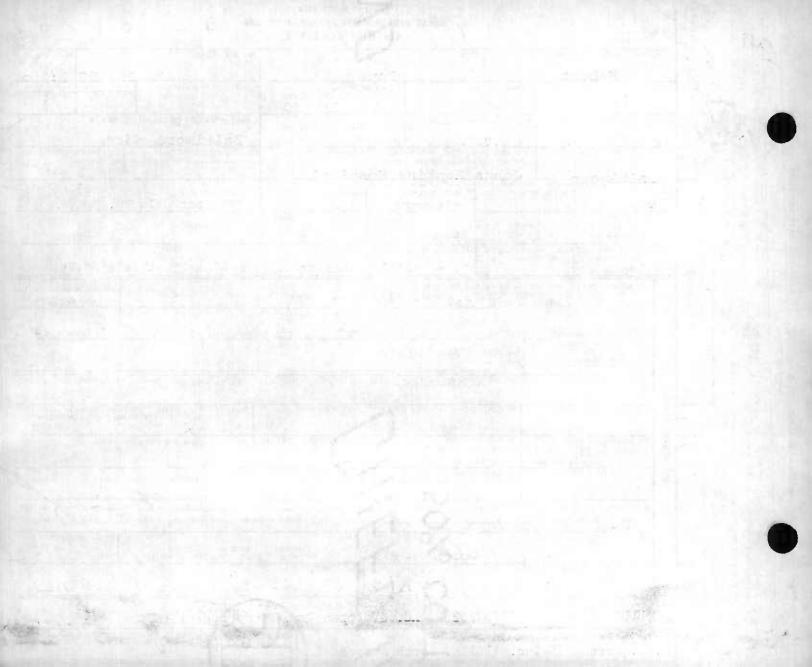
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	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MI CERTIFICATE OF DE	0.0	01/05
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ARYLAI 4 within 5 pletely f and 2 sho	14. FA	THER'S NAME	MIDDLE LAS	15 MOTHER'S /	MAIDEN NAME	LAST
F P E O	160 V	Leon	McGuire	SECURITY NO. 17. INFORMAN	eorganne ADDRESS	Tyndle
IMORE on and or Pages i			578-48		alter W. Poge/husb	and/same as 13e
201 W. PRESTON ST., BAL res that the death certificate ned by the attending physici please remove carbon paper viral, cremation, or removal. y, or other traumatic event, th		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	TE CAUSE (0) RUSP DUE TO, OR AS A CONS	intry () 5 Nd SEQUENCE OF SEQUENCE OF WHIS OF CYCLE	This M.	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH TION GIVEN IN PART 110
L RECORDS, on require to low require has been sign permit. Then the permit in the mere prior in jury on you was any injury.	CERTIFICATION	190 DATE OF OPERATION	enal ta 196 CONDITION FOR W FASCILLA	HICH OPERATION WAS PERFOR!		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\cap \)
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R ATTENDIN hospital or RECTOR: Af-		22a.1 certify that (1) this hosp saw the deceased after ar	at view the body after death.		19to	ond hour and from the causes stated
toche pe Dep		27h SIGNATURE	Kuren	PH PH	TENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIA	12/3/
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stott		SPANNAME (TYPE	e Iwe	del 220. ADDRESS	Greene St.	Bell, Md. 21331
000BP	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 1-6-83	Ft. Lincoln	EMATORY 23d LOCATION CITYORTOWN Brenty	COUNTY STATE
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	ADD	RESS	25a DATE REC'D. BY REGISTRAR 25	WOOD, Md.
(VRA 15, 4)		John T. Rhines	Co.,3015 12th	St., N.E., D.C. 2	0017 TAN 1 1 1983 L	John J. Carriel



(VRA 15, 4)



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d /	Γ.	REGISTRAR			CERTII	ICATE OF DE	EATH	REG. N	0.		
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中で風俗か	9. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8	DXX NEVER MA	A DDIED	9. BALTIMORE CITY O	R COUNTY C	F DEATH	
意义	F	anklin, Va.	U.S.	Α.	WIDOW		ORCED	Baltimo	re Ci	ty.	MD.
THE POPULATION OF THE POPULATI		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME			12s. USUAL OCCUPATI	ON	126. KIND OF	BUSINESS OR
		D. 11 days	Tolon	CH FACILITY, GIVE STREET Hopki	- TT -	enital		(TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	
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		farvland	JNIY	Baltimo		YES X	NO []	13. STREET ADDRESS 4704 Statl	ndale R		
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REESE & SONS MORTUARY, P.A.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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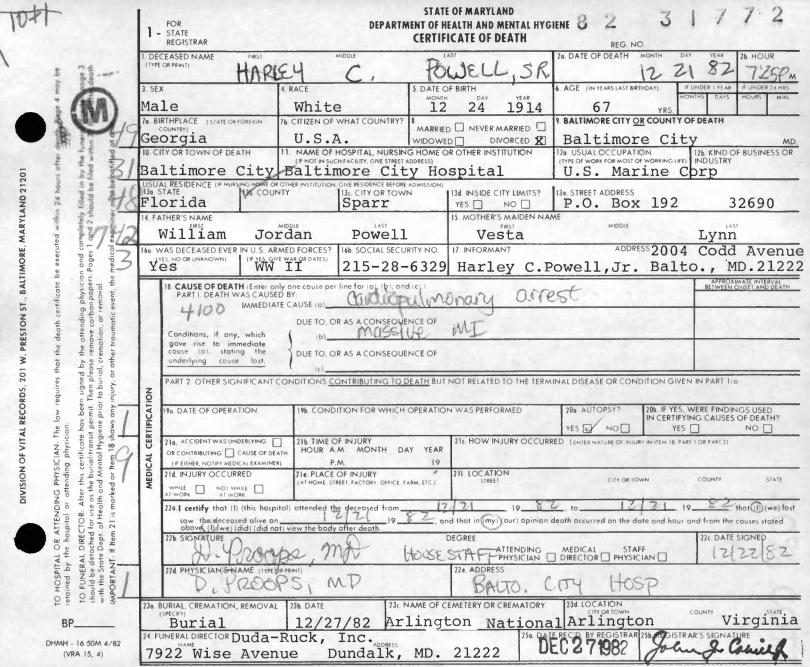
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I. DECEASED NAME 26 HOUR (TYPE OR PRINT) 6. AGE TIN YEARS LAST BIRTHDAY UNDER I YEAR IF UNDER 24 HRS 3. SEX 4. RACE 22 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED MORE WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER 10. CITY OR TOWN OF DEATH 13b. COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 214-22-0203 APPROXIMA E INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) REULAR DYSRYTHMIAS Conditions, if ony, which gave rise to immediate ELESUFFIENCY - WORSENING cause (a), stating the underlying cause last. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? VES IT NO IT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED NY IN ITEM 18, FART 1 DRIVART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED THE REACE OF INJURY TH LOCATION COUNTY CITY OF TOWN STATE ATHOME STREET PACTORY OFFICE FARM ETC.) 109667 22a.1 certify that (1) (the harmtal) attended the deceased from that (1) (www) last 82, and that in (my) (auth opinion death accurred an the date and hour and from the causes stated e) (did) (did to t) view the bady after death. DEGREE MEDICAL STAFF ATTENDING PHYSICIAN Seld be ould be the St WPORT/ 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CREMATION, REMOVAL 236. DATE COUNTY 12-11-82 rbuTus SALTO 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE LE DHMH - 16 50M 4/82 A. MORTON HOMS LAURENS (VRA 15, 4)

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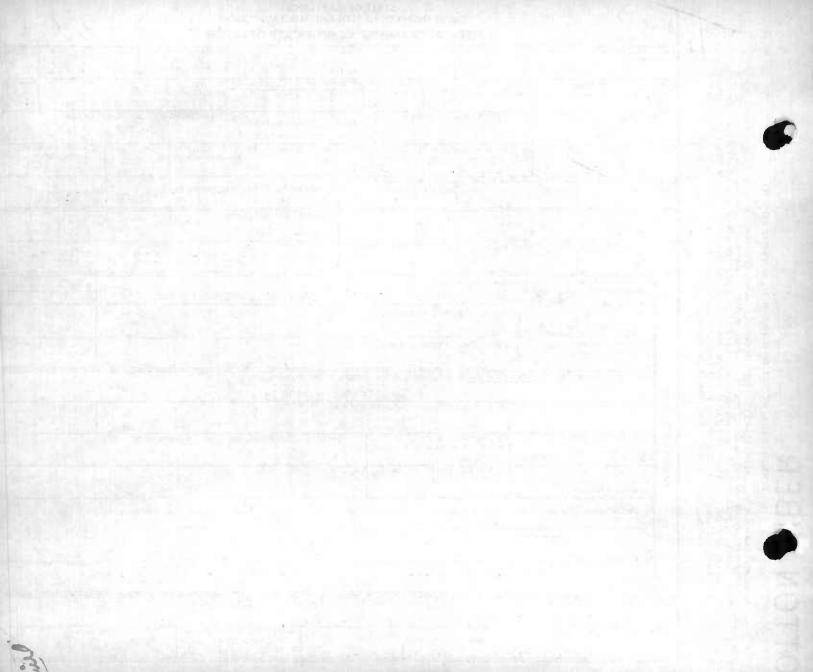


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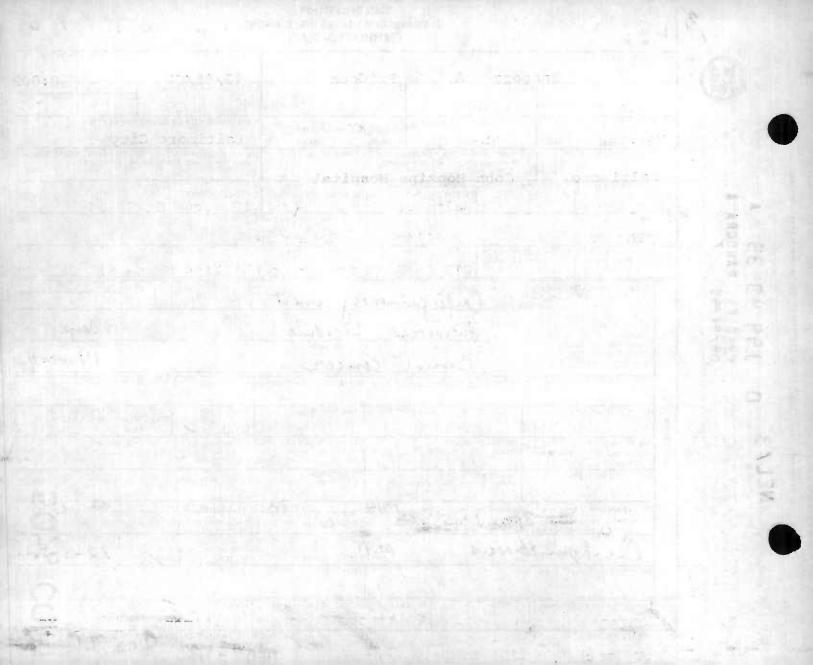
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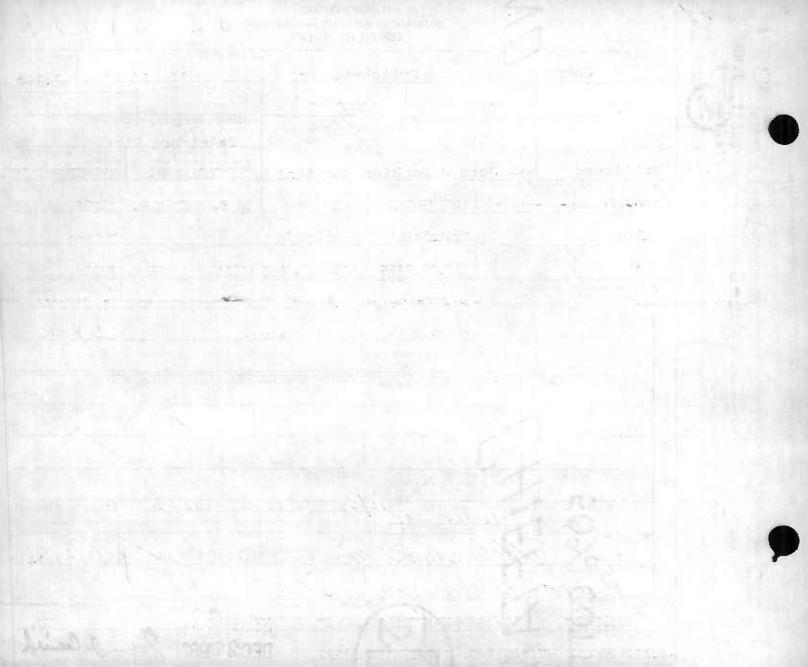
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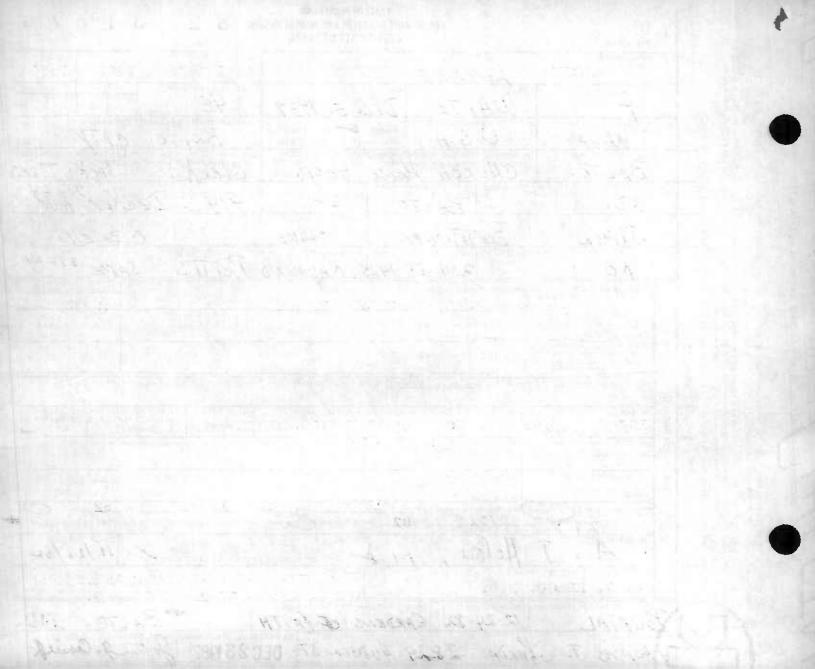
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Pandora Pridaen 12/05/82 AGE (IN YEARS LAST BIRTHDAY) S. DATE OF BIRTH IF UNDER I YEAR 55 FAR Female Black 27 YRS To. BIRTHPLACE ASTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Maryland USA DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore John Hopkins Hospital USUAL RESIDENCE (IF NURS 11) UN COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 12 Venus Ct. 21234 Maryland YESKE NOIL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Thomas Phillips Catherine Bond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST Catherine Phillips Chase 917 CatorAve 213-60-3427 Nο APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse orvica PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Do thot (IV (we) lost 228.1 certify that (I) (this haspital attended the deceased from saw the deceased alive on 8 mm 1 2/5 19 82 sow the deceased alive on 8 mm 3/5 above (Miswe) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SKENATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF 4 DIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be with the MPORT, 23a. BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Baltimore Cemetery BURIAL Baltimore 19/82 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4) Wm.C.March F/H 1101 E.North Avenue

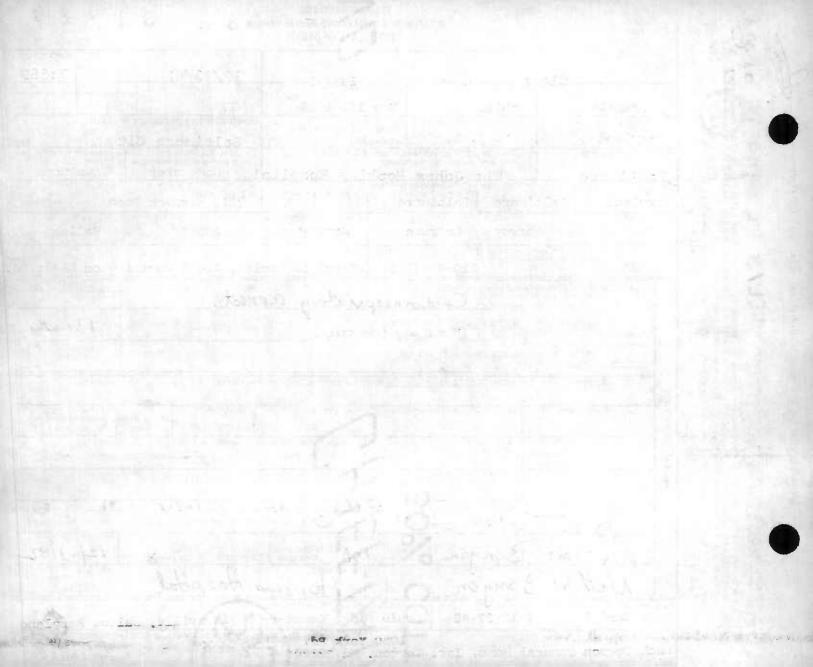




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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH 26 HOUR I. DECEASED NAME (TYPE OR PRINT) 7:55B 12/23/82 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MONTH White May 14, 1905 Female BIRTHPLACE (STATE OR FOREIGN 16. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U. S. A. Baltimore City WIDOWED DIVORCED T II. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home Raltimore The Johns Hopkins Hospital Baltimore 130. STATE Baltimore 7112 Wardman Road 13d. INSIDE CITY LIMITS? Maryland NOXX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John Mary FIRST Harvey Agnes Andrews Wallace 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Carol P. Levitt, 12603 Worthington Ridge Rd 220-44-4813 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE O 13 months Oversian Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [DIVISION OF VITAL 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 12/2 82 82 220.1 certify that (1) this hospital attended the deceased from. 10 82 and that in (my) our) opinion death occurred on the date and hour and from the causes stated (did (did not) view the body ofter death DEGREE 22c. DATE SIGNED 27h, SIGN ATURE MEDICAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS hou 236. DATE 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial TY OR TOWN Pikesville, Balto. Maryland 12-27-82 Druid Ridge Cemetery 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1050 York Rd. DHMH - 16 50M 4/B2 Ruck Towson Funeral Home, Inc. Towson, Md. 21204 DEC28 (VRA 15, 4)



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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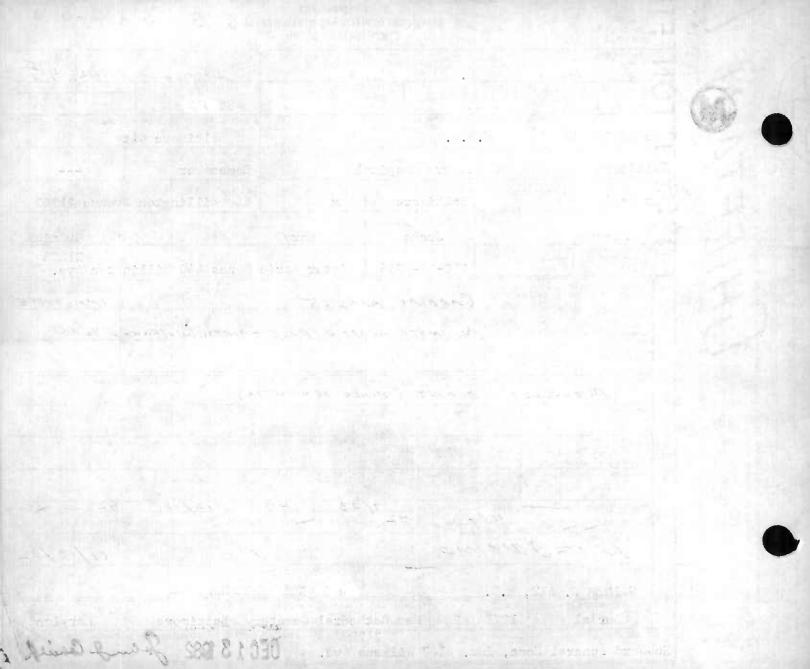
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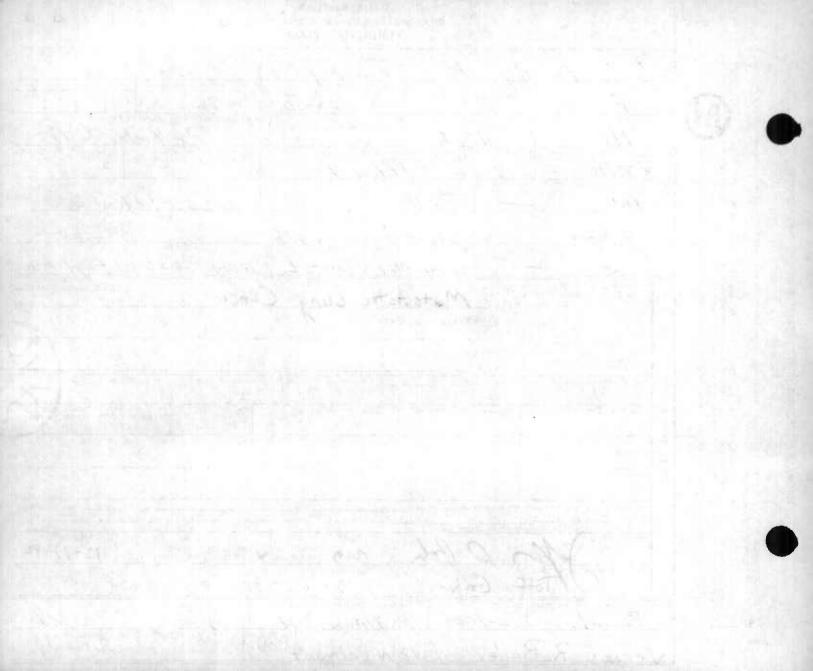
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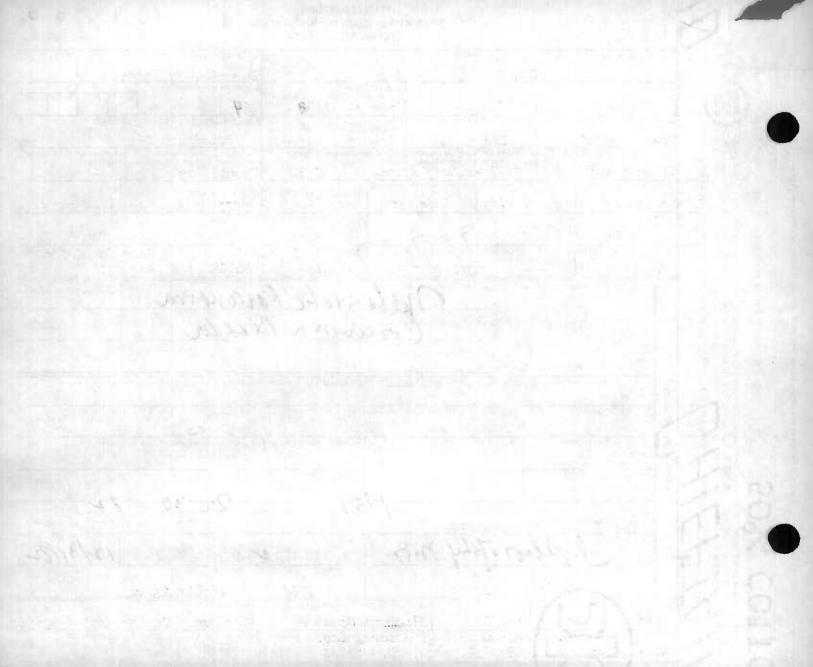
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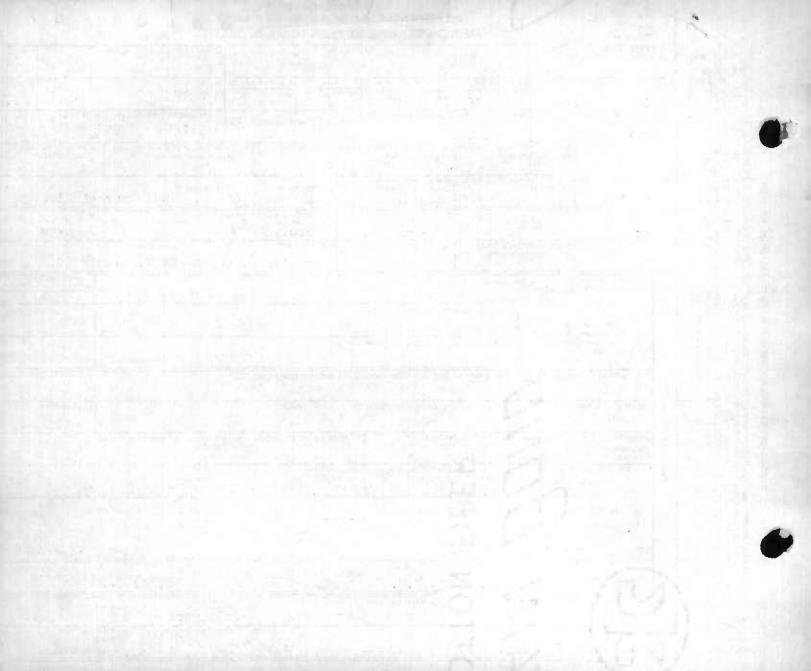
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWNXX MONTH (TYPE OR PRINT) ESTI-82 Anthony Queen DEATH MATED F. 4. RACE AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS YEAR 5. DATE OF BIRTH 2d. HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 20. 82 8:10 Black 5 63 19 10 Male YRS 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City U.S.A. Maryland WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Hoffman Street Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 424 W. Biddle Street 21201 113b. COUNTY Baltimore Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Marshall F. Carolyn Johnson Queen Sr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS N/A Carolyn A. Queen 424 W. Biddle St. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest Weapon: Unspecified IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF onditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEPARTMENT OF HEAD I PRIÇIR TO BURIAL, CO 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 8:02PM 12/2019 82 subject shot 218 PLACE OF INJURY | AT HOME TIL LOCATION STREET, FACTORY, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK XX 513 W. Hoffman Street Baltimore, MD house 22a I certify that I took charge of the remains described above, held an Homicide XX death resulted from: Undetermined manner TO MEDICAL EXAMI
EXECUTE THE CERTIFI
PAGE 4 SHOULD BE
TO FUNERAL DIRECT
AFTER DEATH WITH
BALTIMORE, MARYL TITLE (SPECIFY) ACTUAL DATE SIGNED 12/21/82 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 Hormez R. Guard, M.D. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Baltimore Md. BURIAL 12/24/82 Mount Auburn Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 Wm. C. March F/H Inc. 1101 North Avenue (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



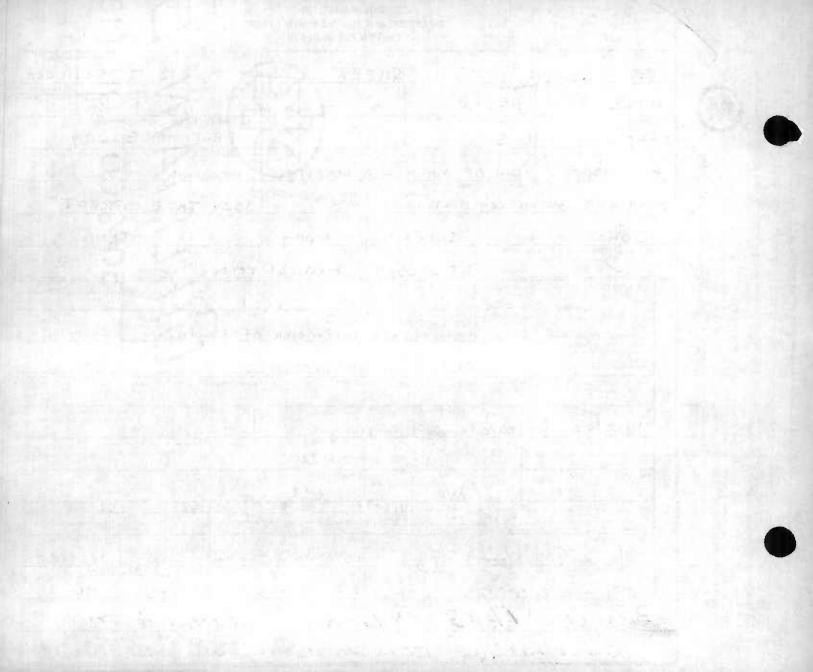
TO FUNERAL DIRECTOR, Afrai this sentificate has been signed by the otherding physic should be detached for use or the busicificant permit. Then please remove corbonogape with the State Dept. of Health and Mental Hypiens prior to busic. Cremation, or removal.

DHMH - In 50M 1781 (VRA 15, 4)

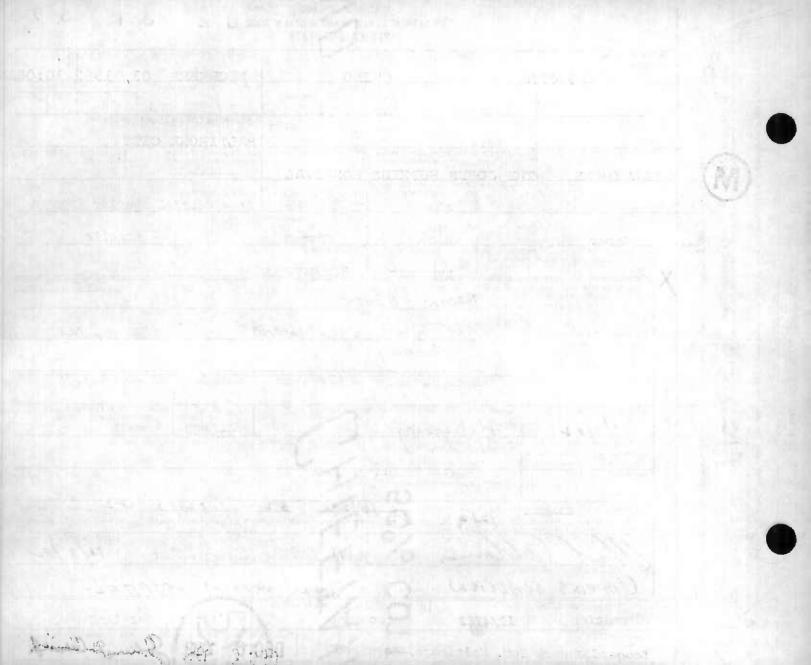
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	3 SE		4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF U	MDER I YEAR	IF UNDER 24 HRS
	Y	MAKE -/	NEGRO	MONTH	ZZ 17	66	YRS.	HS DAVS	HOURS MIN
20		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF		
2	M	ARYLAND	U.S	WIDOWE		BALTIM	ORE	CIT	4 MI
50	M.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE:		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		26. KIND OI	F BUSINESS OR
0	_	ALTIMORE	UNIU OF MA	RYLAND	HOSPITAL	unknown		UNKA	DUN
21	30 S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE JNTY 13c. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
1			TIMORE CITY BALTI	MORE	YES X NO	3324 TAT	E 51	TREE	ET
20	H FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAST	
C/L	1	JOHN	H QUE	EN	MARY		JE	NNIN	250
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRES:	5		
/			217 00	90529	medical	record			
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50		Conditions, if any, which gave rise to immediate	(16) meta	static	carcinoma	of Esophac	145	Imc	onth
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF			,	,	
					of prostat			141	
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN I	N PART 110	
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION	NI WAS DEDECTORATED	20a AUTOPSY?	20b. IF YES, WE	DE ENION	00.110.00
9	IFIC	11/22/82		,			IN CERTIFYING		OF DEATH?
1	ERT		Dy 216. TIME OF INJURY	of Csop	1216 HOW INJURY OCCURR	YES NO	YES [0000000000	NO 🗆
9	10.75111	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH		N/A	ED (ENIER NATURE OF INJURY	N IIEM IS PARI I	ORPANI 2)	
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	ME	PILE NOT WHILE D	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC }	STREET	CITY OR TOWN		COUNTY	STATE
			oital) attended the deceased fr	om 11/08	82 19.82	10 12/28	10	82.	that (I) (we) last
			n 12/28 lat) view the body after death.	02	d that in (my) (aur) apinion d	leath occurred an the date	and hour one		
	130	22b. SIGNATURE-	at view the body after death.		DEGREE			22c. DATE S	SIGNED
	10	Marin GC	told w	1	MD ATTENDING PHYSICIAN	MEDICAL STAFF	NA	12/2	8/82
1		224 PHYSICIAN'S NAME (THE	OR PRINT))	22e ADDRESS UNI	U OF MARY		105P	0/0
1		MARIA E T	SBBSTTS		22 GREENS	ST BALTI	MORE	MS)
	23a B	WHAL, CREMATION, REMOVA	L 23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		Burial	13/83	Ceda	, , .	Baltur	7/200	THE	STATE
	24 FL	INERAL DIRECTOR	1.	ecc.	25a DAJE	REC'D BY REGISTRAR 25	REGISTRAR	SSIGNATU	JRE
		G.L. P.	heleps "	17211.	mon no SJAN	4 1903	blue	y Car	well



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1	1	- STATE REGISTRAR			CERTI	FICATE OF DEATH	pro A	10		
-1/		CEASED NAME	FIRST	WIDDLE		LAST	REG. N 20. DATE OF DEATH		YEAR	2b. HOUR
85/)			ROXANA		OII	TNO	DECEMBE	R 03	1982	10:
2 2 2	3. SE	Х	4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI	THDAY)	JNDER 1 YEAR	IF UNDER 24
2 000		Female	To 7 F	hite	Mar	ch 25,1979	3	YRS.	THS DAYS	HOURS
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AM V		AT MILLORE	- 100	OT IN SUCH FACILITY, G		IIOGD TEN T	TYPE OF WORK FOR MOST		INDUSTRY	
(MA)	USU	BALTTMORE	G HOME OR OTHER INS	TITUTION, GIVE RESIDEN	NCE BEFORE ADMISSIONI	HOSPITAL				
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F 6.8 CM/		Oscar	1.00	Oui	ino	Carmen		So	rolla	
24		VAS DECEASED EVER IN	U.S. ARMED FOI		IAL SECURITY NO.	17 INFORMANT	ADDR	ESS		
1 10	W	No				Mr Oscar C	uino	Same		
2 张元王	7	18. CAUSE OF DEATH	(Enter only one co	use per line for to	(h) and (c)				APPROXIM	NATE INTERVAL
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8	1.	FOR STATE REGISTRAR			DEPART	CERTIFICAT	MARYLAND H AND MENTAL HYP TE OF DEATH		3 No. ,	1 7	9
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(VRA 15, 4)

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PHYSICIAN DIRECTOR PHYSICIAN Baltimore 24 FUNERAL DIRECTOR Weber & Sons Inc. 401 S. hester St.

STATE OF MARYLAND

CERTIFICATE OF DEATH

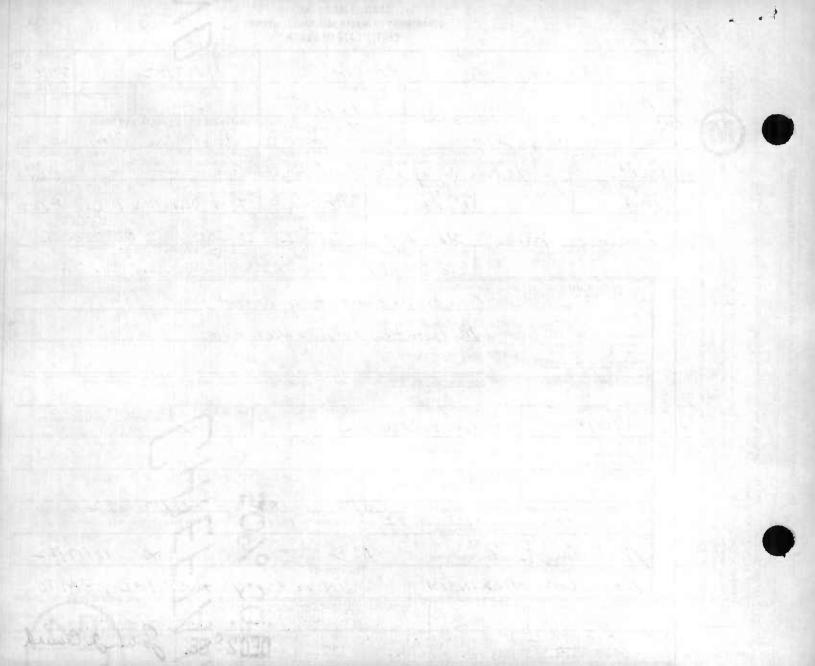
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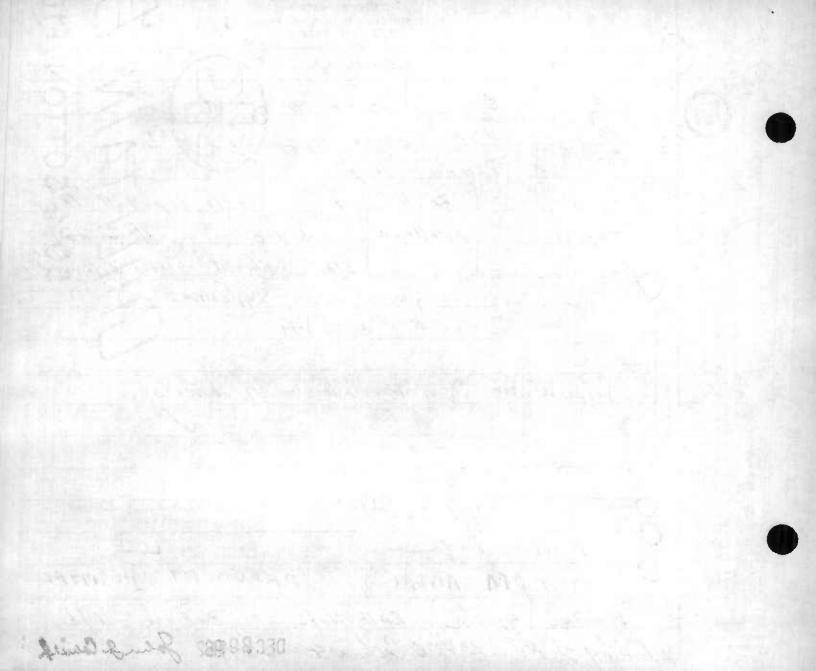
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OR ATTEN e hospital DIRECTOR: sched for us Dept. of He		obove, (I) (we) (did) (did no	at) view he body after death.		on death occurred on the date and ha	
		228. S)GNATURE	11.	DEGREE	_ MEDICAL _ STAFF	12/17/82
		Malcolm /	Allunon	M.D. ATTENDING	DIRECTOR PHYSICIAN	14/1/107
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F 5 F 2 7 7	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OF CREMATOR	23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR SOL	LEVINSON & BROS.	, INC. 21215	HEROS BEGISTRAR 256 REGIS	WAR'S SIGNATURELLE
(VRA 15, 4)	E HO	6010 REISTE	RSTOWN RD., BALL	ro., MD 21215	DECT DOL	





6009 Harford Rd. Balto. Md. 21214

(VRA 15, 4)

STATE OF MARYLAND

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	1,	FOR - STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 2	3 1 7 9 9
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0 /	C	Abaasgoli	Razmjou	Kobora	ADDRESS	(unavailable)
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low required to so so been so so been so	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
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AL OR the horal DIRE letached the Dept.		226. SIGNATURE Lawy	Horhendy	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/3/82
TO HOSPITAL (TO FUNERAL!) TO FUNERAL! With the State MAPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	orprint) Tokenbery	27e ADDRESS	Hoshing How	1.
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4905 York Road Balto., MD 21212

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(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

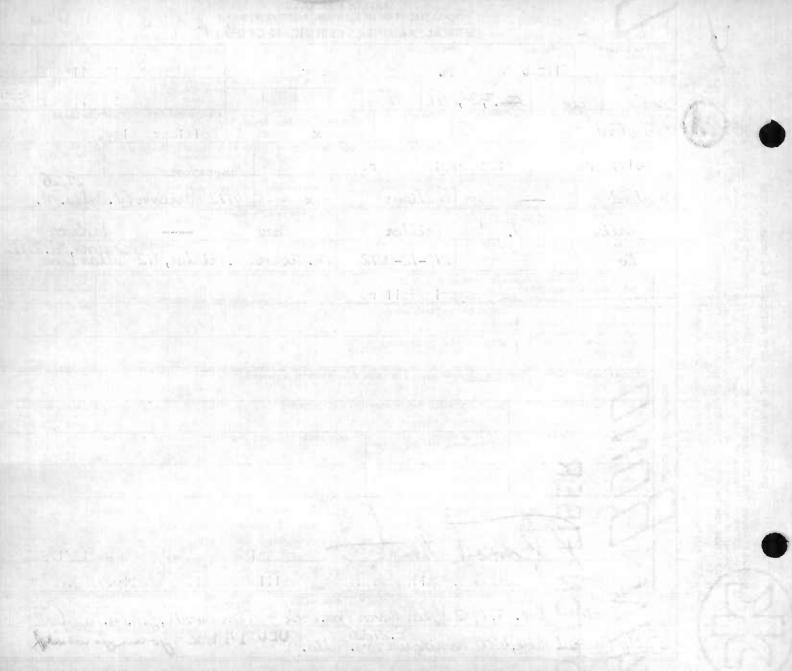
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TON ST., DALT 24 HOURS AFI 11EM 18. GIVE 11CONG WITH F 11CEMENT. PAGI 10CONG.	18.	CAUSE OF DEATH	(Enter only	one couse pe	r line far	(a), (b), a	nd (c).)		11 - 1						A	PPROXIMAT	INTERVAL T AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG WEST SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIPRIOR TO BURIAL, CREMATION, OR REMOVAL.		2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO C	DEATH BUT N	OT RELATED	TO THE TERMI	NAL OISEASI	OR CONDITION	GIVEN IN PAI	RT 1 (a).						
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	/	1	FOR		DEPARTMENT OF HEAL	TH AND MENTAL H	YGIENE	1 3 0 3
	1 4	'-	STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG. NO.	
	U		CEASED NAME	RST	WIDDLE	LAST	REGITIES	MONTH DAY YEAR 26. HOUR
	ш. Со.	(TYI	E OR PRINT)		AA		OF ESTI-	
	ARY, PLEASE DIRECTOR. NOURS HOURS STREET,	1 (5)		izabeth	Ma It ACE (INVESTOR LIVE	Reeves		12 1119 82 M
	55 SE	J SE	4 KACE	S DATE OF BIRTH	6. AGE (IN YEARS IF YEAR LAST BIRTHDAY) MC	UNDER 1 YR. IF UNDER S	24 HRS. 2t. DATE A	Zu HOOK
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	NECESSARY,	19	REIGN COUNTRY)	us		OWED DIVORCE		ity
	LL CONTRACTOR	1	TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME, OR C		120. USUAL OCCUPATION (TYPE OF	
	100 mm and and	1	Baltimore	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS]		FOR MOST OF WORKING LIFE]	OR INDUSTRY
	DELAY 3 TO THE PUBLISHER	10/511		4112 140	Drrison Court VE RESIDENCE BEFORE ADMISSION)		Homemaken	7777
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Ö	A PARA PARA PARA PARA PARA PARA PARA PA	160. V	VAS DECEASED EVER IN U	S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS (2)	gsadena, Md. 21122
BALTIMOR	AFTER IVE PA H FOR AGES 1	[4		S, GIVE WAR OR DATES)	217-12-0012	Ma Richan	d A. Priller, 312	ulias lane
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H.	HOUR NA 18. NG W RMIT.		18 CAUSE OF DEATH (Er	ter only one cause per line				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N N	PERA VAL			AEDIATE CAUSE (a) He	patic failure			
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DIVISION	CERTIFIC TING TO DED TO 3 SHOU DEPART	MEDICAL	21d. INJURY OCCURRED	21e PLACE (OF INJURY (AT HOME, 211	LOCATION		
> 0	THIS CERI WARDED PAGE 3 SI TATE DEP	¥	WHILE AT WORK	LE STREET, FACT	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
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	RTIFICA BE FC RECTOI //ITH TH		death resulted fro	Notuced causes	Aggelent . Speide	, Homicide .	Undetermined manner .	
	ARY ARY		1/		114 1	TITLE (SPECIFY)		
	A. A.		ACTUAL SIGNATURE	Monra	1 / Whix		1 Stedical Examiner	DATE SIGNED 12/12/82
	SESSE Z	1	7	-	and d	M.D. <u>5000 1 7 011</u>	1 SMEDICAL EXAMINER	SIGNED
	MEDIA CUTE FUNE FUNE FUNE	1	EXAMINER'S NAME	Thomas (D. Smith, M.D.	111	Penn St. Bal	to., MD.
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BAKIMORE, MARYLAND, 2	22. 2	(TYPE OR PRINT)		23c. NAME OF CEMETERY	ADDRESS		
Das	1	(30.8	URIAL, CREMATION, REMO Burial	Nec. 15, 198			23d. LOCATION CITY OR TOWN	COUNTY STATE
1831	BP	24 -		Hec. 17, 190	2 Glen Haven	illem. I'ark	Ven Burnie, A.A.	(o.Maryland
100	DHMH - 17		UNERAL DIRECTOR	1 11 1, 2 ADAPESA	nd.21226	ין יישני	ECD. BY REGISTRAR 256 REGISTR	CAK S DIGNA PORE
	(VR A15 ME (5))	19	uncy runeral	. 110me, 4200 1	Pennington Ave.	Dalto.	0	
	20M 4/B2							



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transif permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.

DHMH - 16 50M 7/77 (VR A 15 (4))

,	FOR	DEPAR	STATE	ALTH AND A		ENE 8 2	3	1 3	0 4
1	STATE REGISTRAR		CERTIFI	CATE OF D	EATH	REG. N	0		
	CEASED NAME FIRST	WIDDLE	LA	ST	, 1	20. DATE OF DEATH		AY YEAR	26 HOUR
(TYPE	OR PRINT)	\\	Rei		+		12 2	2 95	5 30
SE)	X NON	RACE	5. DATE OF	FBIRTH		6 AGE (IN YEARS LAST BIR	(HDAY)	F UNDER I YEAR	IF UNDER 24 HRS
/	male	White	MONTH	DAY	YEAR G1	91		ONTHS DAYS	HOURS MIN.
a BI	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTR	Y? 8	□ NEVER M	APPIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
/	Maryland	USA	WIDOWED		ORCED	Botto	more		M
O CI	2.11	1. NAME OF HOSPITAL, NURS		ROTHER INST	ITUTION	120 USUAL OCCUPAT	F WORKING LIFE		F BUSINESS OF
11511/	AL DESIDENCE OF AUDENCHOSE ORG	torford transers	Cuvala	cont Ce	reter	Gardver			
13a S	AL RESIDENCE (IF NURSING HOME OR OF STATE N36 COUNT	130 CITY OR TO	OWN	13d. INSIDE CI	TY LIMITS?	STREET ADDRESS	ipps 1	d	
14. FA	ATHER'S NAME	DDLE LAST	4		MAIDEN NAM	WIDDLE		LAS	т
-	JOHN 4) Kercher	T	In	944	(Note	45		
	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES) 215-50	-4973	Berth	rardas	teel 3001	Scent	er Pr	ive licatt
	18 CAUSE OF DEATH (Enter only	one couse per line-for (a), (b),	and (c)	// 7	-		0	APPROXI	MATE INTERVAL
31	PART I. DEATH WAS CAUSED IMMEDIATE	BY: //nnd	in cas	MAGL	orlo 6	men		3011711111	SHOCK AND DEATH
	4 3 G 3			1	7)		-		
3	Conditions, if ony, which	DUE TO, OR AS A CONSEC	DUENCE OF ()	4	111				
=	gave rise to immediate	(b)					15000		
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	DUENCE OF					1000	
	PART 2 OTHER SIGNIFICANT CO	(c)	O DEATH BUT N	LOT DEL ATED	TO THE TERMS	LUL DISSUSS OR COLU			
NO	PART 2. OTHER SIGNIFICANT CO	DADITIONS CONTRIBUTING II	O DEATH BUT P	NOTRELATED	TO THE TERMIN	VAL DISEASE OR CON	DITION GIVE	N IN PART TO	31
ATIC	19g DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YES.	WERE FINDIN	IGS LISED
CERTIFICAT							IN CERTIFY	ING CAUSES	OF DEATH?
E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21. HOW INT	LUDY OCCUPAT	YES NO	YES		NO []
	OR CONTRIBUTING CAUSE OF DEATH	11000 111 11011	DAY YEAR	TIC. HOW IN	IURT OCCURRE	ED {ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
MEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	21f LOCATIO STREET	N	CITY OR TO	VN	COUNTY	STATE
~	AT WORK NOT WHILE AT WORK		10	27.	-		7	0.5	
	22a. I certify that (1) (this haspita	il) attended the deceased from	n / 0 ~	- 07-/	. 19	_, to	-/	9 3 0	that (I) (we) las
	sow the deceased alive on abave, (1) (we) (did (did not)	view the body after death	, onc	that in (my) (our) opinion de	eath accurred on the d	ote and hour	and from the	couses stated
	22b. SIGNATURE		D	EGREE		370 alumin 1		22c. DATE	SIGNED
	THE C	1N)		A' P	HYSICIAN X	MEDICAL STA		12-2	7-12
	22d. PAYSICIAN'S NAME (TYPE OR F	PRINT)		22e. ADDRESS	THOICIAN Z	Commercial Trition	0/	20	2:0
	VENIEDO	ALIDIO,	MO	60	10	YORK	100	01/	217
	BURIAL, CREMATION, REMOVAL		oname of ce			23d. LOCATION CITY OR TOWN Perry	Hall (OUNTY	STATE
	UNERAL DIRECTOR /2	20-02	, 14T	OT GO					
29 PL	NEKAL IKECTOR	11 2000 APRIS	offis	1436	I TA	REC'D BY REGISTRAR	230. KEGISTR	2 SIGNAT	UKE

CITIES ACCOUNT ON A DESIGN TO ENTRE

FOR - STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

1. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 2b. HOUR LIYPE OR PRINTI LILLIAN B REID DECEMBER 1982 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) YEAR 1908 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED BALTIMORE NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER HME 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO [3150 TRIADELPHIA RD 15. MOTHER'S MAIDEN NAME MIDDLE HANDYASI ELLA 17 INFORMANT ADDRESS HUSBAND/CHARLES REID/SAME ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH seacs. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d. LOCATION

MT. AUBURN

24 FUNERAL DIRECTOR E.L. PHILLIPS 1721-27 N. MONROF ST.

12-23-82

256. REGISTRAR'S SIGNATURE

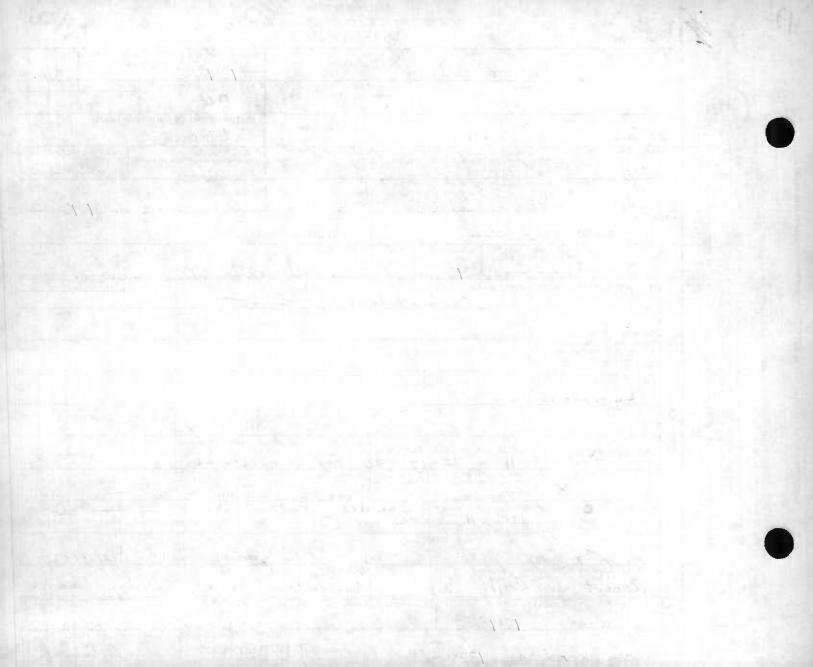
CITY OF TOWN

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MARYLAND

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7 -1	1			STATE OF MARYLAND		TOTAL DE 120 170 1
6	1	FOR - STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2	3 8 0 5
A		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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ay b			es Ford Reilly		12/18/82	5 a. M
E	3	SEX	4 RACE	5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 HRS
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60		(COUNTRY),		MARRIED NEVER MARRIED		DINTY OF BEATH
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the co	10	CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12m USUAL OCCUPATION	12b. KIND OF BUSINESS OR
主 3 3/		0 1	I IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORK	ING LIFE INDUSTRY
us us		Baltimore	6000 Sycamor	e Rd.	enoineer	Jelevision
Pa En	13	DUAL RESIDENCE (IF NURSING HOME OR I STATE HISE COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	EADMISSION) IN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS	
and and					/ C	01 2000
an Land	14	FATHER'S NAME	timore Baltimo	15 MOTHER'S MAIDEN NA	6000 Sycamo	re Kd. 3/2/2
2 sl	91"		MIRDLE D . / / LAST			LAST
and	1	("hristopher"	C. Kelly	Hannah Arı	mstrong	
- E	lác	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	
and ages		(YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES	(==== M N	0	
1 L			212-0/-0	35/4 Mrs. Nelle	Reilly 6000 S	ycamore Rd.
y sic		18 CAUSE OF DEATH (Enter an	nly ane cause per line far (a), (b), and D BY	d (cs)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph pa pa tic			TE CAUSE (0) Candic	outmoners Au	ruest	
bon or r		477		7		
car car car trau	7 0	10010	DUE TO, OR AS A CONSEQUE	NCE OF		
move ematic		Canditions, if any, which gave rise to immediate	(b)			
em rem		cause (0), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
lby		underlying cause last.				
plea		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OF CONDITION	N GIVEN IN PART 1(a)
to t	Z		*			7 37 27 117 7117 710
and I am	13	Hypertens	104		Van Historia Inn	IF YES WERE ENIONING WEST
ermit ene pr	7 3	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
					YES NO NO	YES NO
Hygi m 18	CEPTIFICATION	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2
dental H				2 5 // /		
Mental Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		7 1982 Foll dow	u Stains	
nd N Ned ked	1 5	214 INJURY OCCURRED	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
the har	1 1	WHILE NOT WHILE AT WORK	Home	6000 Sugar	man Rd Ralt	- ind
alt as		22n L cartify that (1) (this hasne	ital) attended the deceased fram_	June 1977 19 72	to Dec 18	. 19 £2 , that (1) (we) last
USS 7 He						
for tem		abave, (1) (we) (did) (did na	1) view the body after death		ded deeded an inc date an	
Dep Dep		226 SIGNATURE	/ /	DEGREE		22c. DATE SIGNED
te [1/10	-/ , /	MA PHYSICIAN	MEDICAL STAFF	7 12/18/82
State		224 PHYSIC AND THAME THE OF	atents 1	22e ADDRESS		100/10/15
The db		21 1	6/11/	0.10	111-16	1-6. and
TO FUNERAL should be detact with the State IMPORTANT:		Kobert Vi	Kelly MD	Peninsula Cener	an Mash tarl ? 2 a	lisbury Md.
-48 3 =	23	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. h	NAME OF CEMETERY OR CREMATORY	234. LOCATION	COUNTY STATE
		(SPECIFY)	12/18/82 W	lastuiam Caracter	6	. R. 11 M 1
	24	remation FUNERAL DIRECTOR	12/10/02 W	estview (rematory	TE REC'D. BY REGISTRAR 256 P	e Dalto Maryland
1H-16 25M	1"	NAME	ADDRESS	DE	0000000	000
15, 4) 1/79		Ambrose Juneral	Home 1328 Sul	phun Spring Rd UE	160 190C 10	and tower



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	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Prained by the hospital ar attending physician.

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1/0	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	3 1 8 0 7
p p	1. DECEASED NAME (TYPE OR PRINT) EACH 13. SEX	ARL WILLIAM William	REITH, JR. S. DATE OF BIRTH	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR 7 7 2 2 9 M IF UNDER 1 YEAR 1F UNDER 24 HIS
s offer.	MALE	WHITE	707 26 1537	45	MONTHS DAYS HOURS MIN.
neral dire	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED A NEVER MARRIED WIDOWED DOWNERS AND THE SECOND AND THE S	BALTIMORE CITY OR O	
by the fu	BALTIMORE	UNION MEMORIAL	NG HOME OR OTHER INSTITUTION ADDRESS) HOSPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF YOU OFFICER (S	12b. KIND OF BUSINESS OR
filled in hauld be	PUSUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU MD Harf		E ADMISSION) (N 13d. INSIDE CITY LIMITS? (R YES NO X	13e. STREET ADDRESS THOM	
ompletely ond 2 s	14 FATHER'S NAME FIRST EARL	William REITH	SR. MARIE	WIDDLE	Howard
sicion and c pers. Pages al.	160, WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 218-32-	Maria	Rejth, Chur	chville, Md. C21028
quires that the death certificati signed by the attending physis hen please remove carban pap to build, cremation, or removal ijury, or other traumatic event, t	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ence of Renal Fail	Mh B	APPROXIMATE INTERTAL BETWEEN ONSET AND DEATH FOR SIVEN IN PART 1 (0)
the law reign. that been it permit. If the permit it permit. If the prior naws any it.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 21	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
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HOSPITAL OR AT ned by the hosp FUNERAL DIRECT JICHE de detoched for the Store Dept. ORTANI: # them 2	above, (I) (we) (did) (did no	Mille "	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
retained by TO FUNERAL should be de with the State	ROBERT A. M			ORIAL HOSPITA	AL .
BP	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR		NAME OF CEMETERY OR CREMATORY LAir Memorial Garde	23d LOCATION CITY OR TOWN Ens Bel Air	Harford Md.
DHMH - 16 50M 1/81 (VRA 15, 4)		Comas III, Abingo	don, Md. 21009	C 22 1982	GISTRAR'S SIGNATURE

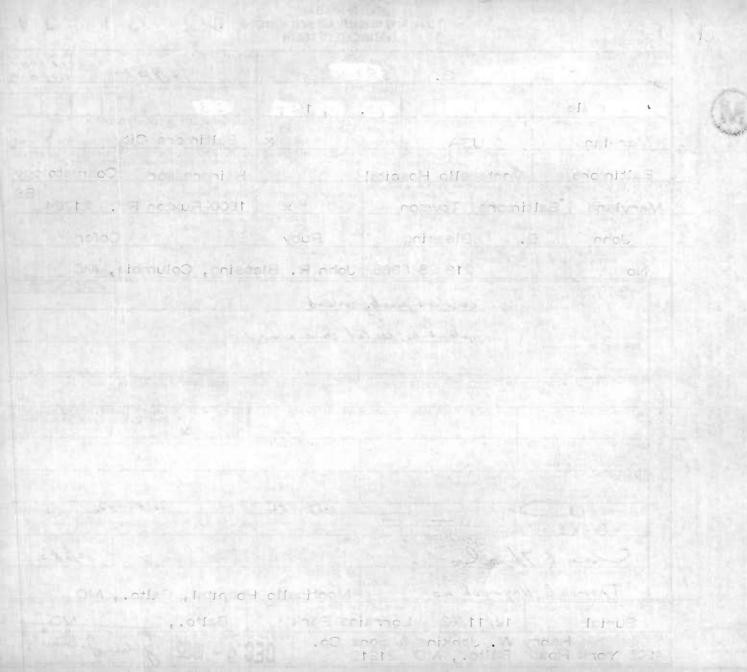
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oy be death		{ TYPE	JACK	н	REV	ELLE			December	15.	1982	1:50a
moy be poge er deat	77.7	3. SE		4. RACE		5. DATE OF B			6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	1		Male	Whi.	te	June	6°, 1	922	60	YRS.		HOURS MIN,
G G	10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIETA	NEVER MA	ARRIED	9. BALTIMORE CITY O	COUNT	Y OF DEATH	
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mple and	3)	Edward		Revelle			adys	Cora			ott
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Po o o	Z a		No 0-		083-16-	9728M	. Eve	lyn F	Revelle6-C	Poc		
ficate paperi paperi naval.	÷.	17.1	18 CAUSE OF DEATH (Enter of	nly one cause per	line for (a), (b), and	dict.			4		BETWEEN C	MATE INTERVAL
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quires signe hen pl	inlury,	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT NO	T RELATED TO	O THE TERM	INAL DISEASE OR CONE	ITION GIV	VEN IN PART 110	
	ony in	CERTIFICATION	19a, DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION W	VAS PERFORA	MED	20g AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED
on. In. hos t		IFIC	11/26	1	rear 7	1200			YES TO NOTE		FYING CAUSES	OF DEATH?
a sie	8 shows	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME O	F INJURY	21	Ic HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUR			110 []
	Hem		OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA	Y YEAR						
Ž Ď S Ď Ž	5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	21	LOCATION	1	CITY OR TOV	6/6.I	COUNTY	STATE
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	S mo	1	22a.1 certify that (I) (this hosp	ital) attended th	e peceosed from_	11/19		19 82	to_ /2/10		190	that (1) (we) last
Prite	7		sow the deceased alive or above, (1) (we) (did) (did no	ti view the body	ofter depth	ond th	hot in (my) (o	our) opinion o	death occurred on the da	te and hou	or and from the c	couses stated
hos hos hed hed hed ept.	E		226. SIGNATURE	/ /	1	A DEC	GREE				22c. DATE	SIGNED
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of of of starting of the of th	≥ 1	23a. E	URIAL, CREMATION, REMOVAL	236 DATE		AME OF CEME	ETERY OR CR	EMATORY	23d LOCATION	-	COUNTY	CTATE
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DHMH - 16 50M 4/	82	24 FL	INERAL DIRECTOR		ADDRESS	11/2-	100	250 DAT	E REC'D. BY REGISTRAR	ISB." DEGIS	TRAR'S SIGNATI	JRE .
(VRA 15, 4)		Wi	lliam E. John	150n852	1 Loch	Raven	Dlan	J. TE	1 6 1982	Joch	mg- Co	hulf

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ge 3	6	SARA	В.	REV	V	12/8/8	2 1:30 A M
O C	3 SEX	4. RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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with the	10 CITY OR TOWN OF DEA		HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
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tely 2 sh	14 FATHER'S NAME	WIDDLE	LAST	K AL	15. MOTHER'S MAIDEN N	AME	LAST
MAN be ed w	John	B.	Blessing		Ruby	WINDEE	Cofer
RE,	(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRESS	1 4 4 4 4
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours vysicion and completely filled in by opers. Pages 1 and 2 should be fill you. The medical examiner has the fill the medical examiner has the fill the f	No	(II TES, OTTE WAR ON DATES)	213 28 3	366	John R. B	lessing, Columb	ia, MD
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The law ration in the law ration. The law ration. The law ration is the permit. Set permit. Set permit.	190 DATE OF OPERAT		DITION FOR WHICH	OPERATION		YES NO NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
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00 4 9 0 E	220.1 certify that as saw the decease	this hospital ottended to dialive on (did not) view the bad	he deceosed from	, and	/2/7, 19 82 that in (my) (our) opinion	n death occurred on the date and ha	19 , that (1) (we) last our and from the causes stated
O HOSPITAL OR ATTEN etoined by the hospital TO FUNERAL DIRECTOR. should be detoched for or with the Stote Dept. of He MPORTANT: If hem 21 is	22b. SIGNATURE	B. Topyrow	Rng	D	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
fo HOSP retoined I TO FUNE should be with the S	Thoma				Montibello		D., MD
1000 BP	230 BURIAL, CREMATION, I (SPECIFY) Burial				metery or crematory	23d. LOCATION CITY OR JOWN Balto.,	COUNTY STATE
DHMH-16 50M7/77 (VR A 15 (4))		Henry W.			s Co. 25a. DA		STRAPS SIGNATURE MALE



	- /	17	em #I,	G-575 I	/24/83 by 1			ARYLAND					
	6	1-	FOR STATE TT	Ghj.	G-576. D	EPARTMENT OF		AND MENTAL H		3 /	3	8	1 0
		1	REGISTRAR	by F.H.,	~271783 MED		NER'S C	ERTIFICATE C		REG. N			
			CEASED NAME		John	MIDDLE	1170	LAST	2a	OF ESTI-	X) MONTH	DAY YEA	R 26. HOUR
	ET, ES.				Richard	Robert		ichardson	, Jr	DEATH MATED	□ 12	20 1982	
	STREET STREET	3 SEX	The same	4. RACE	5 DATE OF BIRTH	6. AGE IN Y	EARS IF UN			DATE	MONTH	DAY YE	AR 2d HOUR
	ON 272	400.00	Male	Black		66 16	rrs.	IS DATS HOURS		DEAD	12	20 182	
	ESSA RAL RHIN EEST	I a. B	RTHPLACE (ST		76. CITIZEN OF WHA	AT COUNTRY?	8 MARRI	ED 🀔 NEVER MARR	IED X 9.	BALTIMORE CITY	_	TY OF DEATH	PM
	DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES, DIE FILED, WITHIN 72 HOURS ROS, 201 W PRESTON STREET,	1	N.c		USA		WIDOW		ED 🗆	Baltime		City	MD.
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- 5	2. AND 3 TO 3. RETAIN PR SHOULD BE I	13a. S	AL RESIDENCE TATE	COU	E OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN	SION)	13d INSIDE CITY LIMITS?	13e. STREE	T ADDRESS			0/
2120	A SA BAR C		ryland	Harf	ord	Havre de	Grace	YES 🔀 NO 🗌		ADDRESS Bayview	Dr.	210	78
W	2 2 S 3 3 2 S 4 S 5 S 5 S 5 S 5 S 5 S 5 S 5 S 5 S 5	(1)	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDE	ENNAME	MIDDLE	77	LAST	
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IWO	D SES PA	160. V	VAS DECEASEI	DEVER IN U.S. AI	RMED FORCES? /E WAR OR DATES)	166 SOCIAL SECURI		17 INFORMANT		ADDRES	S		
BALTIMORE, MD.	URS AFTER DEASE SOIVE PAGES WITH FORM IT. PAGES PAN DIVISION OF		N/A			212-76-9	937	Father	same a	as above			
F.	MIT. P		18 CAUSE O	F DEATH (Enter o	only one cause per line for	or (0), (b), and (c).)					COLUMN TO SERVICE	APPROXIM BETWEEN OF	ATE INTERVAL
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ORO	D BE EXECTED BY BE BEEN WED ING" MEDICAL AS A BUI EALTH AN CREMATI	z	PART 2 DTHER SIG	INIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a)				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	IIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR VRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. REDED TO THE CHIEF MEDICAL EXAMINER ALONG WES 35 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. THE DEPARTMENT HYGIENE, 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	19a, DATE OF	ODERATION	Tim contrib	ON FOR WHICH OPE	DATIONING	AC 0505004500				In	
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	STIE BE	1	death resulte	ed from: Not	ural downes,	Accident XX, S	vicide	, Hamicide	Undeterr	mined manner	,		
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	TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNERAL DIRECT BARTENDERIN BARTMORE,	73a B		TION, REMOVAL		23c. NAME OF CE			123d. LOC				
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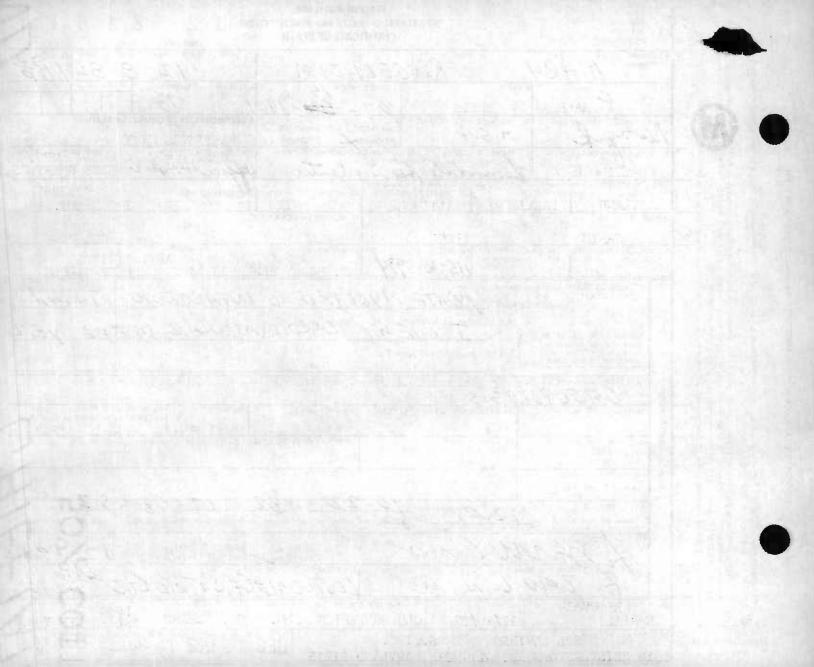
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4 moy	3. SEX		4. RACE		5 DATE O	F BIRTH	YEAR 25	6. AGE (IN YEARS)		MONTHS DAYS	HOURS MIN.
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MARYLAND 2120 eq within 24 hours mpletely filled in the and 2 should be not examine mut its	UAL RESIDE 30. STATE	NCE (IF NURSING HOME OR I	OTHER INSTITUTION.		DRE ADMISSION)	13d. INSIDE CI		13e. STREET ADD	RESS rton Ave		
MARYLa ompletely and 2 sh	14 FATHER'S N		AIDDLE RIC	LAST	r.		MAIDEN NAM	KE MIC	DDLE		.ST
n ond co	160. WAS DECE (YES, NO OR I	ASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SEC	CURITY NO.	17. INFORMAL		e 4810 N	orton Av	7e.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The low requires that the death certificate be execut to oftending physician. When this certificate has been signed by the ottending physician and cost the buriol-transit permit. Then please remove corbonopers. Toges that and Mental Hygiene prior to buriol, cremation, of the world hygiene prior to buriol, cremation, of the medical orked or them 18 shows any injury, or other troumatic event, the medical	Conditi gove couse underly	SE OF DEATH (Enter only 1. DEATH WAS CAUSED IMMEDIATION), if only, which isse to immediate (a), stoting the ing couse lost. OTHER SIGNIFICANT C	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEO AS A CONSEO	UENCE OF UENCE OF	Car Last Hot related	est diam ccy	gopal di Se Nal disease or	Ly CONDITION GIV	ye Ye	ALS 2 ALS 2 ALS
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PITAL OR ATTEN by the hospital HERAL DIRECTOR se detached for ur Stote Dept. of H. ANT: If Hem 21 is	77b. SIG	the deceased alive on ve, (I) (we) (did) (did not NATURE	view the body	piter death.		DEGREE	TTENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF		e causes stated E SIGNED 123/82
TO HOSPITAL	230 BUDIAL C	Shellee REMATION, REMOVAL	E L	10/an	NAME OF C	John:	S TUY	123d LOCATIO	Hosp	stel	
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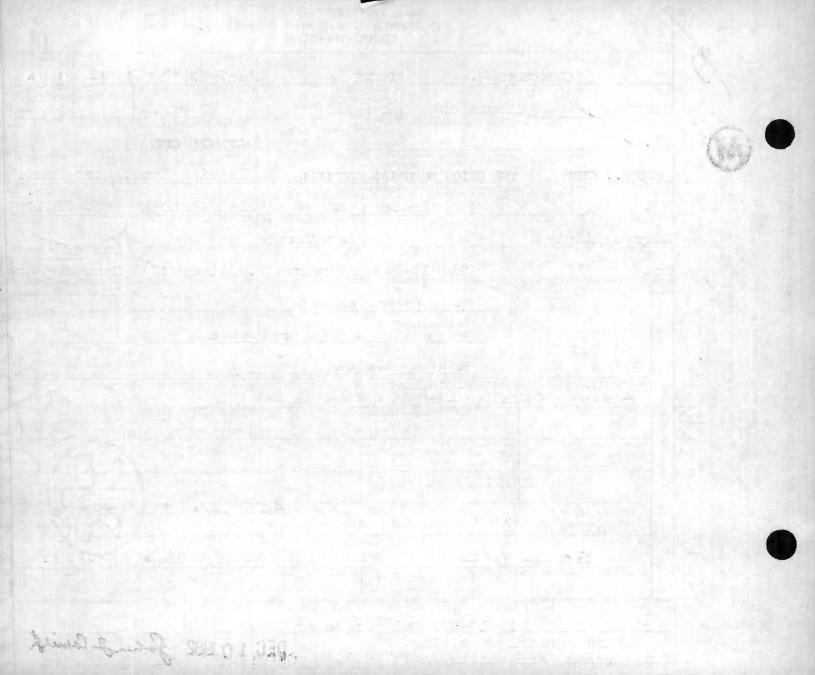
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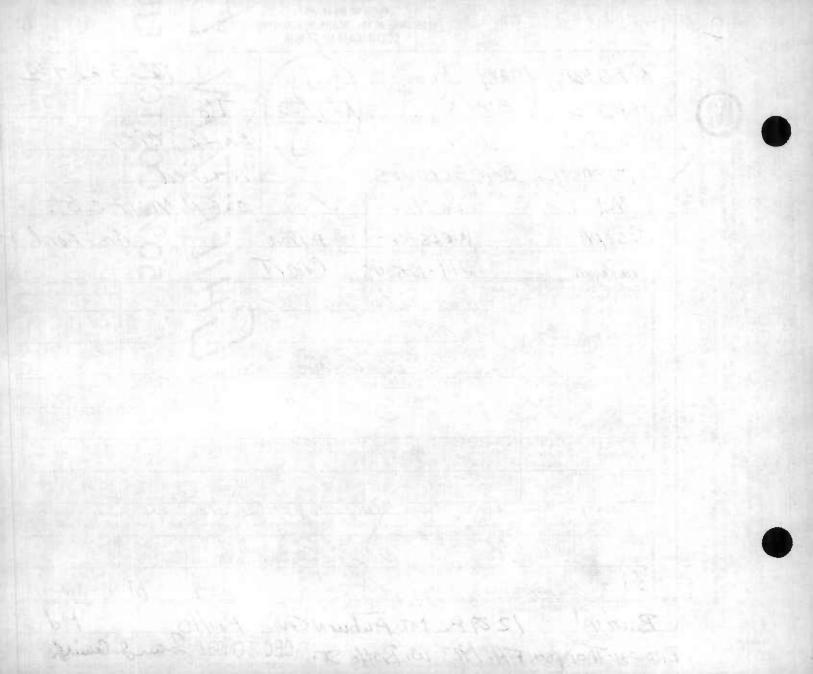


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		VER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLD TATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS CAMENDED TO THE CHIEF MEDICAL EXAMINER ALONG OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PREMINENTED EPARTMENT OF HEALTH AND MENTAL HYGIENE, NDC, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT PELA	TEO TO THE TERMI	NAI ORCEACE	OR CONDITION	H CHUTH IN BAI	97 1 ···						
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	DIVISION OF VITAL	CERTIFICATE TING THE W DED TO THE STANDILD I DEPARTMEN I PRIOR TO I	MEDICAL	21d. INJURY OC	G CAUSE OF DI	21e PLACE		19	216 100	CATION								
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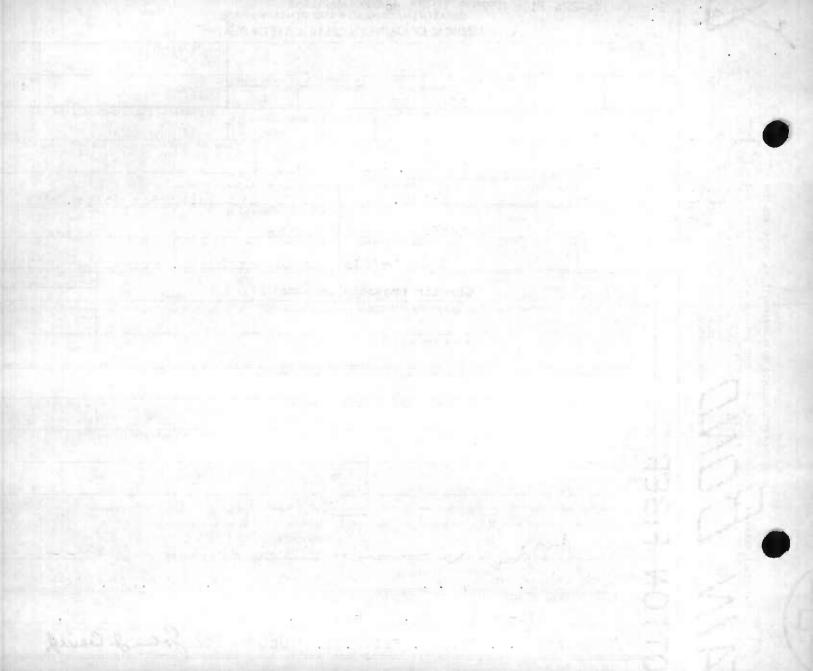
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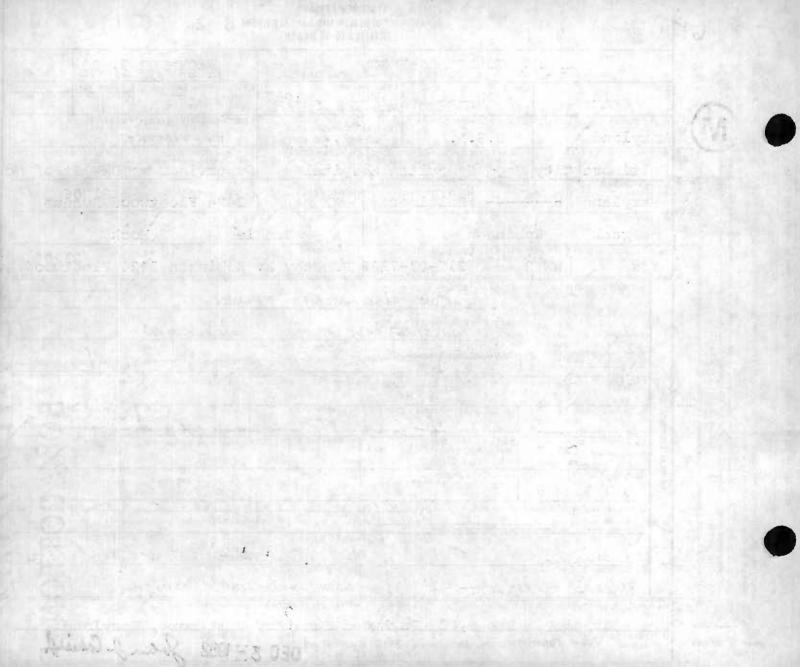
B. DELYNY BEN TO RESTAND BEN DESCRIPTION OF STREET

	1			STATE OF MARYLAND		
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	I. DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
oge 3	1111	Roberson.	Mary F.		100000000000000000000000000000000000000	12 23 82 739
Jane O	3 SE	x	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
- 40 (M)	7, 0	Female IRTHPLACE ISTATE OF FOREIGN	BIACK 76 CITIZEN OF WHAT COUNTRY?	MONTH / 34/06	76	YRS.
the soft	1	Vash. D. C.	16 CITIZEN OF WHAT COUNTRY?	MARRIED LINEVER MARRIED WIDOWED DIVORCED	Balton	CITY MD.
the full division dec	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 KIND OF BUSINESS OR
\$ \$ \$ \$ \$ \$ 7	1	Saltimore	BAN SECOL	evs	retire	'A INDUSTRI
filled in rould be	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13c. CITY OR TOW	ADMISSION) 13d. INSIDE CHY LIMITS? YES NO	13e. STREET ADDRESS 226 N.	Monroe St.
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y on de		Joseph	Webst	er Alma	miobie	Cafford
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9 00 = 4		18 CAUSE OF DEATH (Enter onl	y one cause per line to (o), (b), on BY:	dicti-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e e e e			E CAUSE (D) Keston	dry facture		
din orb		2030	DUE TO, OR AS A CONSEQUE	NCE OF		
o de de co	-	Conditions, if ony, which	((b) Marc	noms		
by the	1	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF MERCHO	ima	
gned to plea		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT BELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART 110
equires n signed Then pli r ta burn injury, o	O	Cong	estur Hea	17 tailure		
law re so beer e prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
ar A dra c	TE				YES NO	IN CERTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
7 5 0 5 7 00	CER	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	TY IN ITEM 18. PART 1 OR PART 2)
rSICIAN ing phy certific curiol-tru	N N	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	· ·	19		
HY Hy ad	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	211. LOCATION	CITY OR TO	WN COUNTY STATE
DING PH or atten After the se as the alth and morked (2	WHILE NOT WHILE AT WORK	TAT HOME, STREET, PACTORY, OFFICE P	ARM EIC)		,
ADIN LOUIS OF SERVING SERVING		220 L certify that (I) (this haspit	ol) ottended the deceased from_	14/2/ 1987		27, 19 17, that (1) (we) lost
ATTEN Sepital SCTOR. In of Her us		sow the deceased alive an above, (1) (we) (did) (did not) view the body ofter death.	, and that in (my) (our) opinion	death occurred on the do	ate and hour and from the causes stated
he he he	1	22b. SIGNATURE	771	DEGREE	,	22c. DATE SIGNED
		111	letin	MI) ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []
HOSPITAL THOSPITAL FUNERAL UId be deto The State ORTANT: P		224 PHYSICIAN'S NAME ITYPE OF	PRINT)	22e ADDRESS		. 0
		2717 - Ham	north Ferry	Led BATO M	021227	M. KEHMAN.
5 a 5 a x x	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. P	AME OF CEMETERY OR CREMATORY	23d LOCATION	
00/BP		BURIAL	12.29-82 M	T. ALBURN COM	BALTO	COUNTY MY ATE
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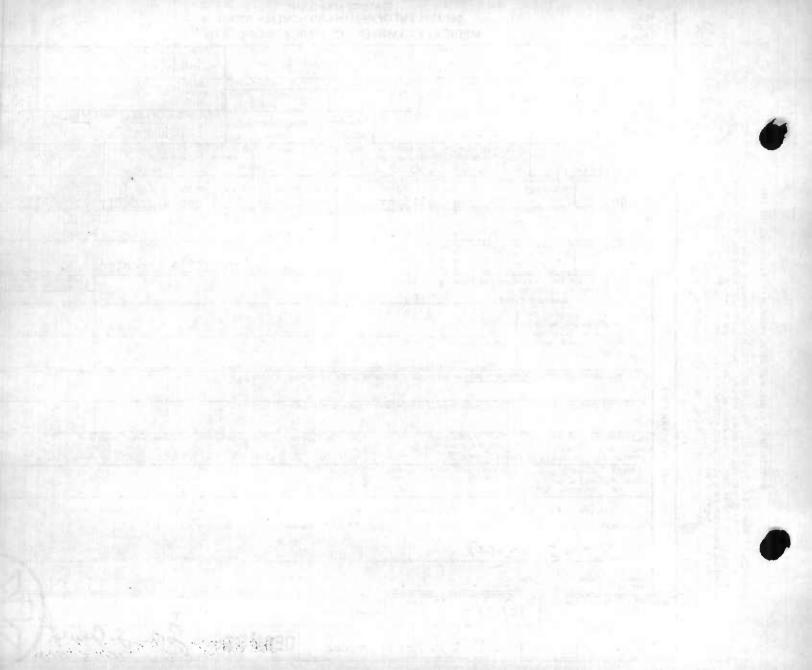


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A DIRECTOR. YOUR FILES. FILES. STON STREET,	3 SE)	(4. RAC	CORF		E OF BIRTH	-	AGE (IN	YEARS IF UT	OBINS	JN IF UNDER	24 HRS	2c. DAT	MATED		12 ONTH	2 11	9 82 YEAR	74 HOUE
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	14 5	Md ATHER'S NAME					<u>l Ba</u>	lto.		YES X	NO L	205		ty S	Stre	eet	Apt		9
1		FIRST			MIDDLE			LAST			IRST	EIN INAME		MIDDLE			LA		
4		Samuel VAS DECEASEI	FVED	DA ZIIVI	MEDEO	DCES?	Robi	nson CIAL SECUR	ITY NO	Mar 17 INFORM	tha			ADDR	FSS	_J (ohn	son	
ı	(Y	ES, NO, OR UNKNO	WN)	(IF YES, GIVE	WAR OR D	ATES)													
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- 1		lying cou		me <u>onder</u> -		DUE TO, C	IK AS A CO	NSEQUENC	E OF										
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		death results	•		ral cous		Accident		Suicide	Hamic			ermined m],	, ,			
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		ACTUAL SIGNATURE		M	M	(2)	W		A	,	istan	t_MED	ICAL EXA	MINER		DATE	. 12-	-3-8	2
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	23a.B	URIAL, CREMA	TION, R	EMOVAL	23b DAT	E	23c.	NAME OF C	EMETERY	R CREMATO			CATION			COUNT	y		ATE
		rial			12-	8-82		Mt. A	ubur	n Cem			ltim	ore		COUNT	M	-	NIE.
	24. F	UNERAL DIREC									250. DATE	REC'D. BY	REGISTR		EGISTR.	AR'S SIG			
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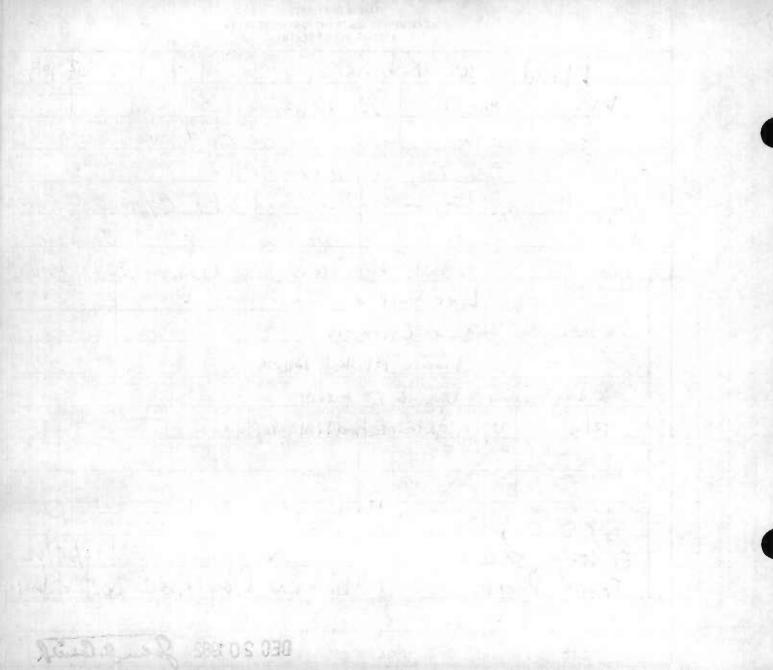




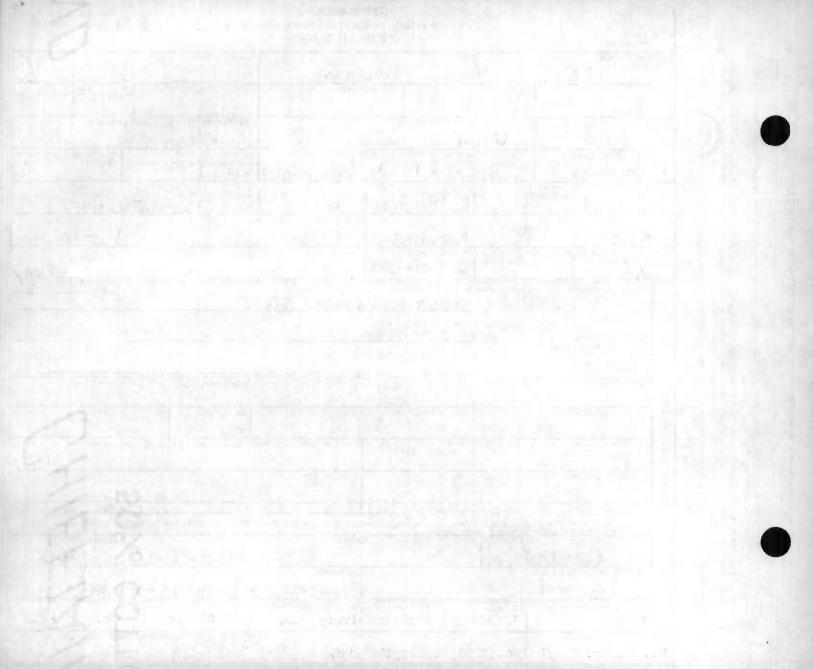
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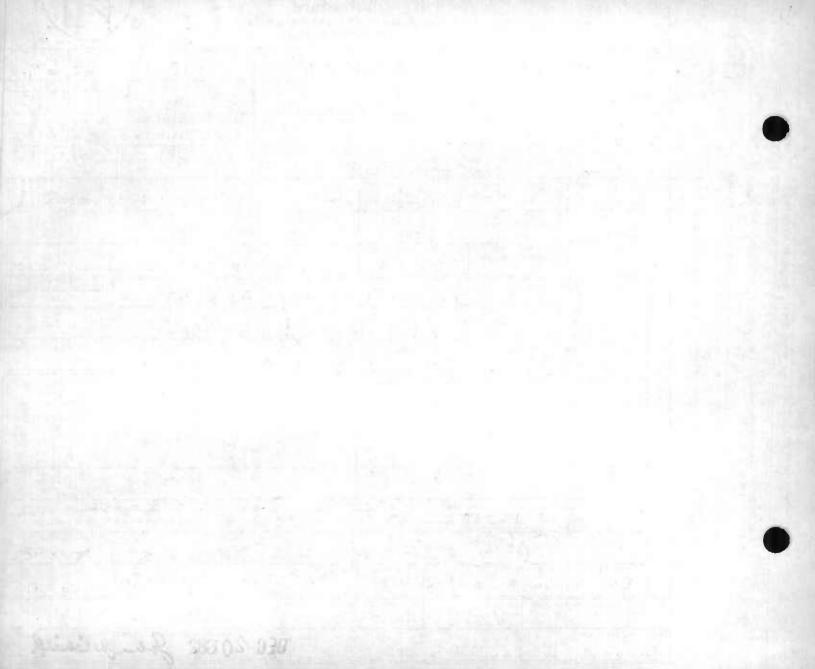


7	FOR STATE REGIS			3 8	2 2			
× Pe	1. DECEASED		d W.	K-lass	SON	REG. NO.	TH DAY YEAR 2	Th HOLE PM
9 9 0 0 E 4 0 E 0 E 0 E 0 E 0 E 0 E 0 E 0 E	3 SEX	W	Black	MONT	DEBIRTH YEAR /	6. AGE (IN YEARS LAST BIRTHDAY	YRS.	IF UNDER 74 HRS HOURS MIN
death. P	BIRTHPLA COUNTRY)	Md	16 CITIZEN OF WHAT CO	MARRIE WIDOW	the state of the s	000/1/11	re City	MD.
21201 haurs after d in by the t be filled m	Ba	OWN OF DEATH HO DENCE (IF NURS 1000 1000 1000 1000 1000 1000 1000 10	(IF NOT IN SUCH FACILITY, O	O · C +	or other institution , Hasp.	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		BUSINESS OR
YLAND 21 thin 24 ho ely filled is 2 should be	130 STATE	J. Jak cou	OTHER INSTITUTION, GIVE RESIDE	OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	ipress of	-, 21222
MAR wheeled was and in a sundier	Jai	FIRST MOS CEASED EVER IN U.S. A	MIDDLE ROLL	DINSON TIAL SECURITY NO.	15. MOTHER'S MAIDEN N. Annie	MIDDLE	Jack	son
IIMOR un and s. Page	(YES, NO O	RUNKNOWN) (IF YES, G	give war or dates) 214	-26-4691	17 INFORMANT Odessa	O. Robinson		Milton
ST., g physon por per per per per per per per per per pe	18 CA	RII. DEATH WAS CAUS	only one couse per line for to SED BY. ATE CAUSE (a)		e		BETWEEN ON	ATE INTERVAL NSET AND DEATH
PRESTON he death or he attendin emave carb ematian, ar traumatia		tions, if any, which	DUE TO, OR AS A CO	- / - 1	10515			
201 W. PR es that the ned by the please rem urial, crema	under	(a), stating the lying cause last.	101	mic H	cohol Ahva			
	NO PART 2	L. L. F	colone, Up	per 6. I.	NOT RELATED TO THE TER.	VINAL DISEASE OR CONDITION 20e AUTOPSY? 20b	ON GIVEN IN PART 110	SC LICED.
VITAL REC	RTIFIC	CIDENT WAS UNDERLYING	Uppin 9	actrointed	mel hemmora	YES NO KRED (ENTER NATURE OF INJURY IN I	CERTIFYING CAUSES O	OF DEATH?
ON OF 1YSICIA ding pl is certif burial-r Mental	OR COM	TRIBUTING CAUSE OF DI HER NOTIFY MEDICAL EXAMINI JURY OCCURRED		19	211 LOCATION			
Do A sole	ATWOR	AT TOM	(AT HOME, STREET, FACTOR		STREET	CITY OR TOWN	COUNTY	STATE
ATTEN aspital ECTOR d for of He m 21 is			nat) view the body ofter dear		nd that in my (aur) apinion	death accurred on the date o	nd hour and from the co	ouses stated
- P 0 0 0 0	22d. P.F.	YSICIAN'S NAME (TYPE)	MPRINT)		ATTENDING PHYSICIAN 22 MADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	111/	5/82
TO HOSPITAL retained by 1 TO FUNERAL should be defined the Store with the Store IMPORTANT.	23a BURIAL	Thomas ()	Breen LASH DATE	23c, NAME OF C	BAHIWWY EMETERY OR CREMATORY	1230 LOCATION	O. Dept.	of Juryay
000 CBP	(SPECIFY) Bur	ial	12/20/82		Vet. Cem.	Crownsy	ille, Md.	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL Wm		F/H 1101	E. Nort		TE REC'D. BY REGISTRAL 2 0 1982	hung Coa	iel



V	1.	FOR STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	3 8 2 3
page 3		CEASED NAME FIRST	MIDDLE A	ROBINSON S. DATE OF BIRTH		MONTH DAY YEAR 26. HOUR 5 A B B M IMDAY] IF UNDER 1 YEAR IF UNDER 4 HIS
Poge 4 may	die n	MALE ISTANDATION	Black Th. CITIZEN OF WHAT COUR	MONTH DAY YEAR	7 9. BALTIMORE CITY O	YRS. P. COUNTY OF DEATH
	4	axiland	U.S.A	MARRIED NEVER MARRIED	Baltimor	ce Cita MD.
d d	B	OUTIMOTE	MUNICIPACITY ON	Maruland Hospital	120. USUAL OCCUPATION OF THE OF WORK FOR MOST OF	
filled in		AL RESIDENCE (IF PURSING HOME OR OF TATE 13b, COUN	TY BOX F	RTOWN 134 INSIDECITY LIMITS?	130. STREET ADDRESS	Frutte Ave
completely 1 and 2 sh	14. FA	Am 05	R. Rob	15. MOTHER'S MAIDEN NAM		Pattorson
Pages 1		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL WAR OR DATES! QVG.	SECURITY NO. 17. INFORMANT -07-3344 DOLOThy S	immons 1	
ed by the attending physician lease remove carbonpapers. rial, crematian, or remaval. or ather traumotic event, the		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF	<i>'</i>	
has been signe permit. Then p ane priar to bu	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO		G TO DEATH BUT NOT RELATED TO THE TERM WHICH OPERATION WAS PERFORMED	200. AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
re this certificate has the buriol-transit pe and Mental Hygiene ked ar item 18 shows	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)
the and ced	MED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, C	DEFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
OR. F. He		220.1 certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not		from 19 , and that in (my) (our) opinion of	enth occurred on the do	19 Down, that (I) (we) last ofte and hour and from the causes stated
AL DIRECT detached for ate Dept. o IT: If Hem 2		226, SIGNATURE	days	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	12 26 82
should be deto		224. PHYSICIAN'S NAME (TYPE OR	PRINTY	1220. ADDRESS	of Marilan	dHospital
O of war		BURIAL, CREMATION, REMOVAL	23b. DATE 12/31/82	Mount Calvary Cem.	Baltimore	
5 50M 4/B2 15, 4)		uneral director n. C. March F/H	Inc. 1101 E.	Pressor th Ave.	REC'D NOREGISTRAR	251-REGISTRARS SIGNATURE





VX	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	3 8 2 5
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
be 3	Huber	t R.	Rochelle	12	26 82 _M
(M)	3. SEX male	4 RACE Black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. Poge	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. Carolina	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	RAITIMORE CITY OF COUNT	
os ofter de by the fur iled within novidied of	10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NU (IFNOT IN SUCH FACILITY, GIVE: 734 Belgian	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR
AND 212	MSUAL RESIDENCE (IF NURSING HOME C 130. STATE 13b. COU Maryland	R OTHER INSTITUTION, GIVE RESIDENCE NTY 135 CITY OR Balti	DEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? THOSE YES A NO	13. SIREET ADDRESS 734 Belgian Av	venue 21218
red within 24 and 2 should and 2 should a should	14 FATHER'S NAME PIRST Lemuel	Roche	15. MOTHER'S MAIDEN NA Amanda	AME	Pettiford
BALTIMORE, cate be execut ysician and cappers. Pages I val.	160 WAS DECEASED EVER IN U.S. A (YES, NOOR UNKNOWN) (# YES, G	NE MAR COR CATEGO	security no. 17. Informant 6-7067 Loreather H	ADDRESS lodge 734 Belgian	Avenue
ST.,	PART I. DEATH WAS CAUS 150 9 IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	Lagral concar	MINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH VEN IN PART 110
DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The law requires that the death contending physician. Wher this certificate has been signed by the attending of the burial-transit permit. Then please remove carb th and Mental Hygiene prior to burial, cremation, are acked or them 18 shows any injury, are after traumatic.	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETIMER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURED	216. TIME OF INJURY HOUR A.M. MONTH	HICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211. LOCATION	IN CERT	
by the haspital on ATTENDI by the haspital or BRAL DIRECTOR: A editoched for use editoched for use the best of Heal and the all is many. If them 21 is many.	220.1 certify that (this has	sital) attended the deceased for the bady after death.	ram 19 3 , and that in my (aur) apinian DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	county state 19, that (i) we) last our and fram the causes stated 22c. DATE SIGNED 18 DC 81
TO FUN should be with the IMPORIV	130. BURIAL, CREMATION, REMOVA	M. PURNELL	231. NAME OF CEMETERY OR CREMATORY	TIMORE, MA	2
///BP	BURIAL	12/31/82	Church Cemetery	Durham .	N.C.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR Wm. C. March F/H	Inc. 1101 E.	2220	FC 29 198	. J. Coured

TO SEE THE PROPERTY AND SEE THE PROPERTY OF THE RESERVENCE OF THE RESERVENCE OF THE PROPERTY O Trade and desired to the last of

Series Allega Margarette TUTIS 42 ENDR ON PEUS Later Dutate De Later De Later

1		FOR - STATE REGISTRAR		PARTMENT OF H	E OF MARYLAND BEALTH AND MENT ICATE OF DEAT		NE 8 2	3 1	8	27
	I. DE	CEASED NAME FIRST JOHN	B	ROG	ALSKI	2	O. DATE OF DEATH	DAY 22	YEAR 82	2b HOUR
	3 SE	MALE	CAUCASIAN	5 DATE (DAY YE	AR 9	AGE (IN YEARS LAST BIRT	HDAY) IF UN MONT	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
35	1	RTHPLACE (STATE OR FOREIGN COUNTY)	U.S.A.	MARRIE WIDOWE		ED 🗀	BALTO.	COUNTY OF	DEATH	MD.
13	B	ALTO. CITY	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	TO GE	N. HOSP		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE) !	NDUSTRY	BUSINESS OR ruction
5	130	Take New Cour	OTHER INSTITUTION, GIVE RESIDENCY 13c. CATY O		133 INSIDE CITY LIN		30 STREET ADDRESS	1CE +	100-	
2/	2	ATHER'S NAME FIRST Julian	ROGA!	SKI	15 MOTHER'S MAID	UN	ANDDIE		LAST	
2		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV YES	MED FORCES? 166 SOCIA	L SECURITY NO.	Sophie I	Rogal	ADDRE	llace	Ave.	
	TION	PART I. DEATH WAS CAUSE 1900 IMMEDIAT Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, ORAS A CON (b) 77 DUE TO, ORAS A CON (c) ARABOTIC CONDITIONS CONTRIBUTION	ISEQUENCE OF		L J		SEASE ITION GIVEN IN		
	CERTIFICATION		196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED		YES NO	20b. TRYES, WE IN CERTIFYING YES	CAUSES	
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211. LOCATION	DCCURRED	ENTER NATURE OF INJUR		OR PART ?)	
	W	WHILE NOT WHILE AT WORK 220. I certify that (1) (this hospit		from	STREET	82	city or tow	2 19	(2)	state
		sow the deceased alive on, above, (4) (we) (did) (did no 22b, SIC+ATURE	t view the body after death.		DEGREE ATTEND PHYSIC	OING _	MEDICAL STAF		The DATES	
		KOV CLACU	A) JR. M.	D.	27. ADDRESS 300/	S. N.	ANOUER	<i>5T.</i>	/	1
	- (BURIAL, CREMATION, REMOVAL	DATE A COLUMN		EMETERY OR CREMA	TORY	23d LOCATION CITY OR TOWN	cou	UNTY	STATE
		urial UNERAL DIRECTOR	12/24/82		Cross	Sa. DAFE R	Brooklyn		S SIGNATU	Estavel A
		eorge J. Gond	ce 4001 _{ADI}	Ritchie	Hwy.	U	28 1984	jou	~	1

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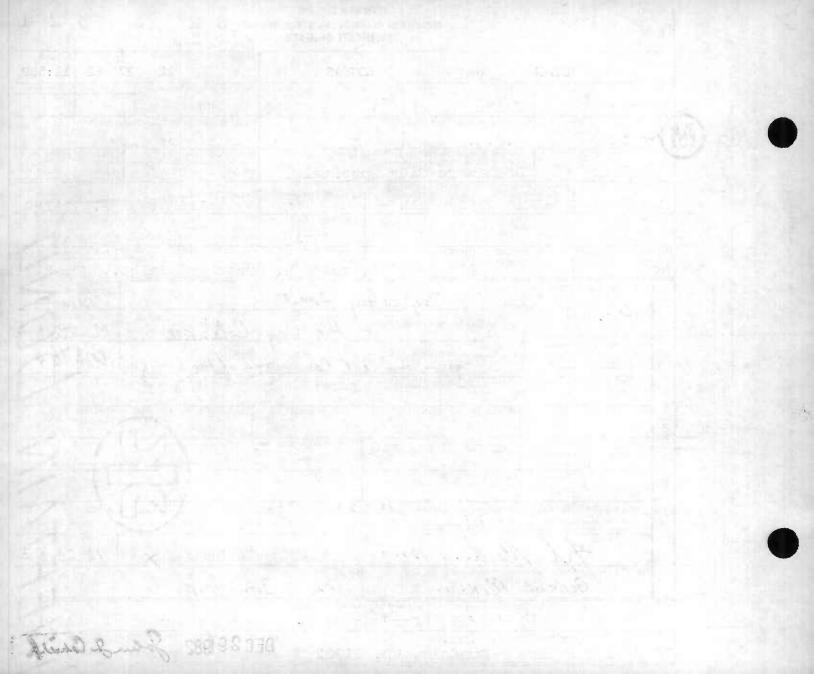
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BY AND OF THE PARTY OF SECRETARY SECTIONS 8015 - J. John T. Jakes J. J. 184- 2128-

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

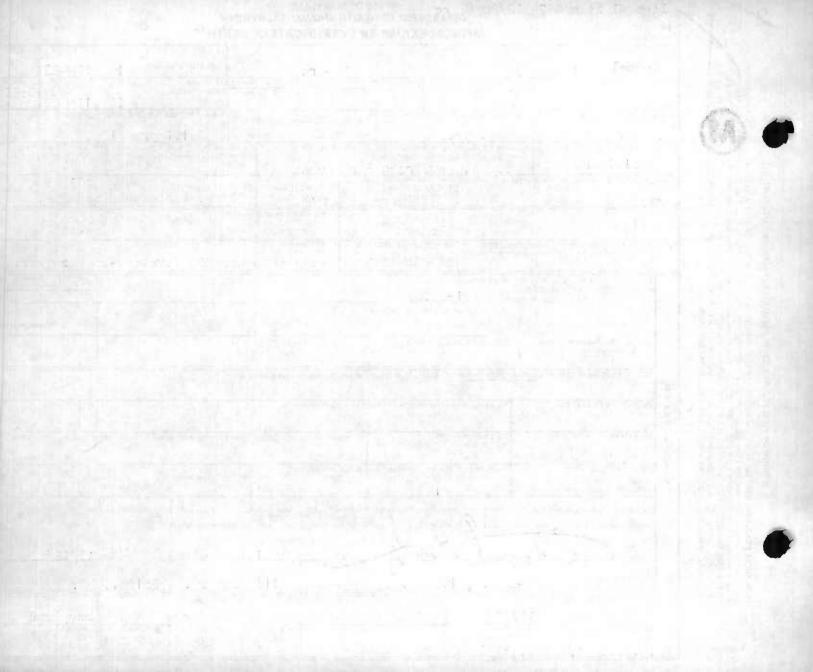
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- STATE



	2	I	tem #1 F	lm G57	4 12/20/82	EPART					YGIEN	F (2)	wige		0	63	(3)
	1/		STATE REGISTRAR	Sammy Rogers													
	A	1. DE	CEASED NAME	FIRST		MIDDLE			LAST	Mal S	1	O. DATE KN	(M NWO	MONTH	DAY	YEAR	2b. HOUR
	2000		Samuel	(Samm	nv)			R	oders			OF E	ATED	12	1115	82	
	A STATE OF THE STA	3. SE	4. F		S. DATE OF BIRTH	VEAD		ARS IF UN	DER 1 YR.			2c. DATE					2d HOUR
	N S S S S S S S S S S S S S S S S S S S	ma	le	Black					IS DAYS	HOURS	MIN.	DEAD	D	12	111	9 82	
-		7a B	RTHPLACE (STATE	OR	76. CITIZEN OF WH	AT COUN	VTRY?	8. MARRI	ED X NEV	ER MARRI	ED []	9. BALTIMOR	E CITY OR	COUNT	Y OF DE	ATH	
	· 经基础 7 / 1	Di.	Carolin	a				WIDOW	ED 🗆	DIVORC	ED D						MD.
	0 10 0	10 C	ITY OR TOWN OF		11. NAME OF HOS	PITAL, NU	RSING HOME	, OR OTH	ER INSTITUT	ION				F WORK			
	P 0 8 8 0		Baltimo			Pat	terson	Park	Avenu	ie							
	U - 40 N		AL RESIDENCE (IF IP TATE			ERESIDENCE	BEFORE ADMISSI	ON)			13e. STRE	ET ADDRESS			21	.205	
	E ANY AND 3 RETAILSHOULD		ryland			Ba:	ltimore	9				N. Pa	tters	on P	ark	Ave	
	E, MD.	14, F/	ATHER'S NAME		WIDDIE				FI	RST	NAME	MIDDL	E		LAS	ST	
	DEATH PAND PAND PAND PAND PAND PAND PAND PAND	1	Will	150 1111 0 10											Eate	en	
	BALTIMORE, MD. JRS AFTER DEATH. IF B. GIVE PAGES 1, 2, WITH FORM PM 3 T. PAGES 1 AND 2 SI DIVISION OF WITH	160 V	ES, NO, OR UNKNOWN)	(IF YES, GIVE	MED FORCES? WAR OR DATES)				-								
	BAL SS AF GIV MITH PAC IVIS		No					1/	Luci	LIE K	ogers	935 N	.Patt	erso			
	ST., OUR 118. MIT.		18 CAUSE OF DI PART I DEATH	EATH (Enter on I WAS CAUSEI	D BY:										BETWEE	OXIMATE	AND DEATH
	ON ST 24 HO ITEM 1 ICEM ICEM PERMI SIENE, WAL.	-10	2500	IMMEDIA	ir cuose (a)			or							+	-	-
	HIN HIN VSIT EMO		Conditions,	if ony, which		AS A COI	43EGOEIACE	Or .									
	WIT WIT AINCI					AS A CON	NSEQUENCE (DE.	-	-					-		
	201 W. PRESTON ST. UTED WITHIN 24 HOU IN PENCIL IN ITEM 18 EXAMINER ALONG V IRLAL TRANSIT PERMIT AND VARNAL HYGIERE, DA, OR REMOVAL.		lying cause le	ost.													
	D: 1892		PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELA	ATEO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PA	RT 1 (p						
	ECORDS D BE EXE FENDING MEDICA AS A BL EALTH ALL CREMA!	NO															
	UID "PER NEW HEA	CERTIFICATION	190 DATE OF OP	ERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?		ROLL.			20 AU1	TOPSY?	
	WITAL I	TIE													YES	s 🗆	NO X
	OF ATE		210 EXTERNAL C	arrives.	21b. TIME OF HOUR A,M	MONTH	DAY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTER N	ATURE OF INJURY	IN ITEM 18 PAR	RT I OR PART	(2)	100	
	CERTIFICATE SH CERTIFICATE SH SITING THE WOR DED TO THE CH DED TO THE CH CE A SHOULD BOUNT SHOULD BUILD SHOULD SHO	MEDICAL	CONTRIBUTING	CAUSE OF	DEATH P.M.		19										
	IVIS CER 3 SI DEP	WED	21d INJURY OCC	OT WHILE IT	21e PLACE C STREET, FACT	ORY, FARM, E	(AT HOME,					CITY OR TOWN		COU	NIY		STATE
	12AAAE		AT WORK A	TWORK						2.30							
	ATE, ATE, DR. P.		220. I certify th	nat I took charg	ge of the remains desc	ribed obc	ve, held of	Autop	sy .	Inspection	<u>n</u> X.	Inquiry], ond	in my opi	inion		
	MIN		death resulted f	rom: Notu	gal couses X.	Acciden	☐, // Su	icide 🗌	, Hamic	ide .	Undete	rmined mann	er .				
3	WAR WILL		ACTUAL	11) *	8	. L							DATE			
	RE, ATH		SIGNATURE	XX	Spack	111	may or	M	Deput	y Ch	ie fredi	CALEXAMIN	ER	SIGNED	12/	12/8	32
	S S S S S S S S S S S S S S S S S S S		EXAMINER'S NA	ME Th	omac D Si	ni+h	MD			1.1	I Don	~ C+	Dal		MD		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BARTIMORE, MARYLAND, 2	73a P	(TYPE OR PRINT)										Da!	10.,	MD.		
		230. B	BURIAL	T, KEMOVAL							CITY C	OR TOWN	0	COUNT		-	
0	303 BP	24 F	UNERAL DIRECTO	R		ים	a I C I III O I			Se DATE				RAR'S SI			7
	(VR A15 ME (5))	Taln	n C. March	F/H Tr		Nor	th Ave	nue		DEC	13	1982	John	2	L Car	hel	1
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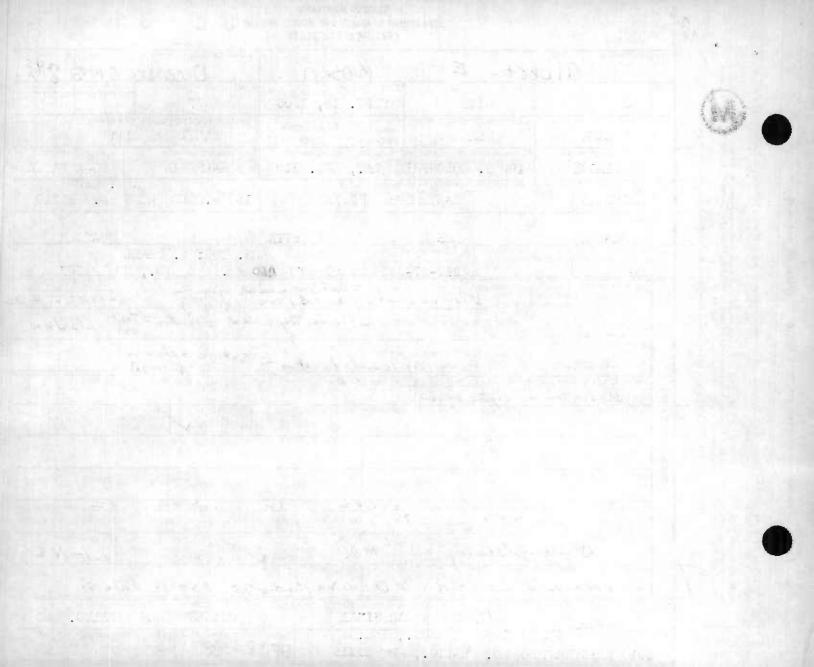


and .	DEC	REGISTRAR CEASED NAME FIRS	T A	MIDDLE C	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
me		OR PRINT)	Amanda	MIDDLE C.			
0 ep	1. SEX		4. RACE		ROGOWSKT 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER	
100		Female	White		MONTH DAY YEAR NOV. 26, 1982	MONTHS	DAYS HOURS MIN.
16 2	7a. Bii	RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8.	9. BALTIMORE CITY OR COUNTY OF DEA	13
16/17	0.41	arvland	U.S.A		MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY	
· VIII	_	TY OR TOWN OF DEATH	11. NAME OF	-	OF HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION 12b. 1	KIND OF BUSINESS O
11	EZ	LTIMORE			KINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDI	USTRY
E & 27	13g. S	TATE 138	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION) /N \$13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	Me		rford	Fallston		1720 Arabian Way	21047
1/2	14. FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
00/00/0		Christopher		Rogows		Ha	nlin
1 12			S. ARMED FORCES? ES. GIVE WAR OR DATES)	166. SOCIAL SECL		ADDRESS	
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ol co		underlying cause las	(c)_		ENCE OF	TO LIGHT TO BE	
has been rigned by permit. Then please ne prior to buriol. co	THICATION		ant conditions c	ire, t			FINDINGS USED AUSES OF DEATH?
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Ver this certificate has been righed by a the buriol strong permit. Then please is and Mental Progress prior to buriol, concluded or them 18 shows any injury, or other than 18 shows and injury.	MEDICAL CERTIFICATION	PART 2, OTHER SIGNIFIC, 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	ANT CONDITIONS C. 19b. COND 19b. COND 19b. COND 19b. COND 21b. TIME C. HOUR A. MINER) 21e. PLACE	DITION FOR WHICH	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION	20a AUTOPSY? 20b. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH? NO
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LDIRECTOR, After this certificacion in toched for use as the burial-in Dispit of Health and Mental if hem 21 is macked or term	MEDICAL	PART 2, OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEXA 21d. INJURY OCCURRED WHILE NOTIFY MEDICALEXA AT WORK 22a. I certify that (Mithis saw the decessor) above, (Miwe) (did)(c) 22b. SIGNATURE	ANT CONDITIONS C IPD. COND IPD.	DE INJURY .M. MONTH D. OF INJURY (REET, FACTORY, OFFICE, F	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 21f. HOW INJURY OCCUP 19 21f. LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF YES, WERE IN CERTIFYING C. YES NOW YES TO PRESENT TO PR	FINDINGS USED AUSES OF DEATH? NO ART 2) NTY STATE
The State Difference of attention of the State of Health and Method of Health and Method ORTANT If New 21 is marked or tem.	MEDICAL	PART 2. OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (WE EITHER, NOTHY MEDICALEX 21d. INJURY OCCURRED AT WORK NOTHY MEDICALEX 22a. I certify that (Athis saw the decessed of above, (If we) (did) (c) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	ANT CONDITIONS C Provided Facility 19b. COND 19b. COND 19b. COND 21b. TIME C HOUR A HOUR A FACILITY 21c. PLACE (AT HOME, ST AT HOME, ST TO PRINT) TO PRINT) TO PRINT) TO PRINT)	DE INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F de deceased fram after death.	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCUP AT YEAR 19 216. LOCATION STREET DEGREE ATTENDING PHYSICIAN 220. ADDRESS DAMA	200 AUTOPSY? 200 IF YES, WERE IN CERTIFYING C. YES NOW YES SERVED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR P. CITY OR TOWN COU death accurred an the date and haur and from the date and haur and from the date and haur and from the date.	FINDINGS USED AUSES OF DEATH? NO ART 2) NTY STATE That (Tweld am the causes stated
Che at revolvo, entralica Enquirit or attending plants of the control of the cont	WEDICAL 230. 8	PART 2. OTHER SIGNIFICA 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (WE EITHER, NOTHY MEDICALEX 21d. INJURY OCCURRED AT WORK NOTHY MEDICALEX 22d. I certify that (Mithis saw the developed of babwe, (If we) (did) (c) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	ANT CONDITIONS C Provided Facility 19b. COND 19b. COND 19b. COND 21b. TIME C HOUR A HOUR A FACILITY 21c. PLACE (AT HOME, ST AT HOME, ST TO PRINT) TO PRINT) TO PRINT) TO PRINT)	DE INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCUP AY YEAR 19 216. LOCATION STREET 19 8 2 and that in (my lour) opinion DEGREE ATTENDING PHYSICIAN 220. ADDRESS	200 AUTOPSY? 200 IF YES, WERE IN CERTIFYING C. YES NOW YES SERVED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR P. CITY OR TOWN COU death accurred an the date and haur and from the date and haur and from the date and haur and from the date.	FINDINGS USED AUSES OF DEATH? NO ART 2) NITY STATE That (I we) The causes stated DATE SIGNED 2/9/8/2

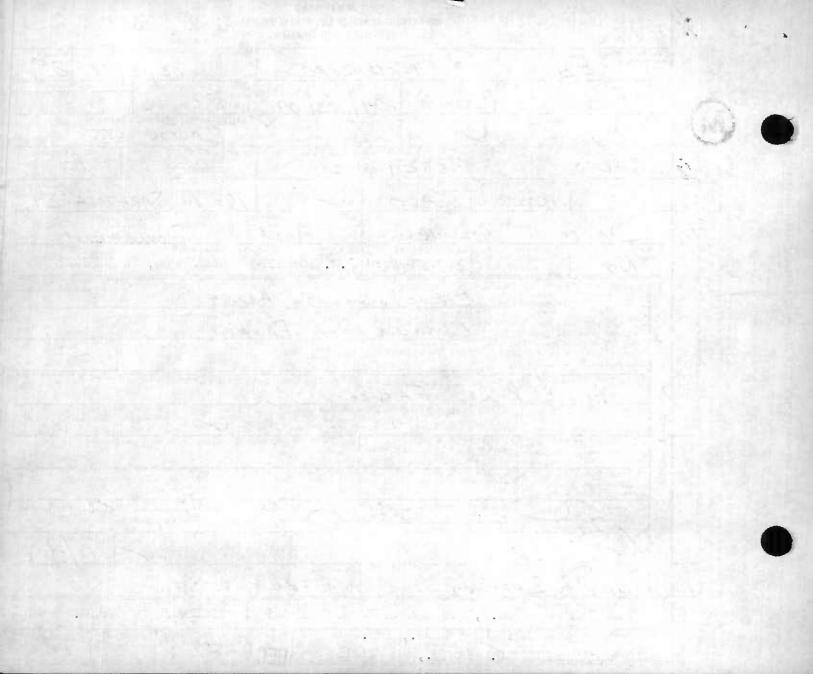
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(VRA 15, 4)

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7	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2	3 8 3 3
1 01	I. DECEASED NAME	FIRST MIDDLE	ROSENBERG		AONTH DAY YEAR 26 HOUR SES
	F EMALE			6 AGE (IN YEARS LAST BIRTH	MONTHS DATE HOURS MIN.
	BIRTHPLACE (STATE OR FO	USA	MARRIED NEVER MARRIED	BALTIMORE CITY OR	CITY MD.
102	BALTO	(IF NOT IN SUCH FLUTTY, GIVE		120 USUAL OCCUPATIO	
AND 21	The STATE OF	NG HOME OR OTHER INSTITUTION GIVE RESIDENCE 136 COUNTY 131. CHI OR	TOWN 134 INSIDE CITY LIMITS?		SARATOGA \$21201
MARY LANGE	SAMUE			A MIDDIS	UNKNOWN LAST
be exect on and common or the	(YES, NO ORUNKNOWN)		SECURITY NO. 17 INFORMANT RC 56-8024 P.O. BOX 11		DD, FL 33022
to W. PRESTON ST., BAI hat the about certificate by the intending physic as remove corbon appear. I. crimation, or removal, wher traumatic event, it	PART I. DEATH WA	which (b) DUE TO, OR AS A CONS	EQUENCE OF HEART FA	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CORDS, 20 con signed with Then pic con to burn or my injery, or	PART 2 OTHER SIGN	TE RENAL 1	TO DEATH BUT NOT RELATED TO THE TELL ALURE HICH OPERATION WAS PERFORMED		ITION GIVEN IN PART 1 a.
TALRE	T T			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS NG PHYSICIAN. The law requi- otherating physician of the busid result permit the h and Mental Mygiere prior to prived or them 18 shows carp into	210. ACCIDENT WAS UNDI OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH HOUR A.M. MONTH	1 DAY YEAR 19 211. LOCATION	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 ORPART 2)
DRVISION OF THE	AI WOR	(AT HOME STREET FACTORY O	ram 12/4 19-8	CITY OR TOW	, 19 2, that (I) (we) last
ITAL OF ATTER OF ATTER OF ATTER OF ATTER OF SECTOR OF SE	22b AIGNATURE	didid nat view the bady after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
TO HOSP though by though by the Silvers of	DR Me	SHARDKY	22. ADDRESS WERC		***************************************
40/ BP	(SPECIFY) BURIAL	DEC.6,1982	LUBAWITZ NUSACH AR		
DHMH 16 50M 1/81 (VRA 15, 4)	NAME	SOL LEVINSON & BRO RSTOWN RD. BALTO.		C 8 - 1982	REGISTRAR STIG VALUE



21222

WALTER BROOKS BRADLEY INC., BALTO., MD.

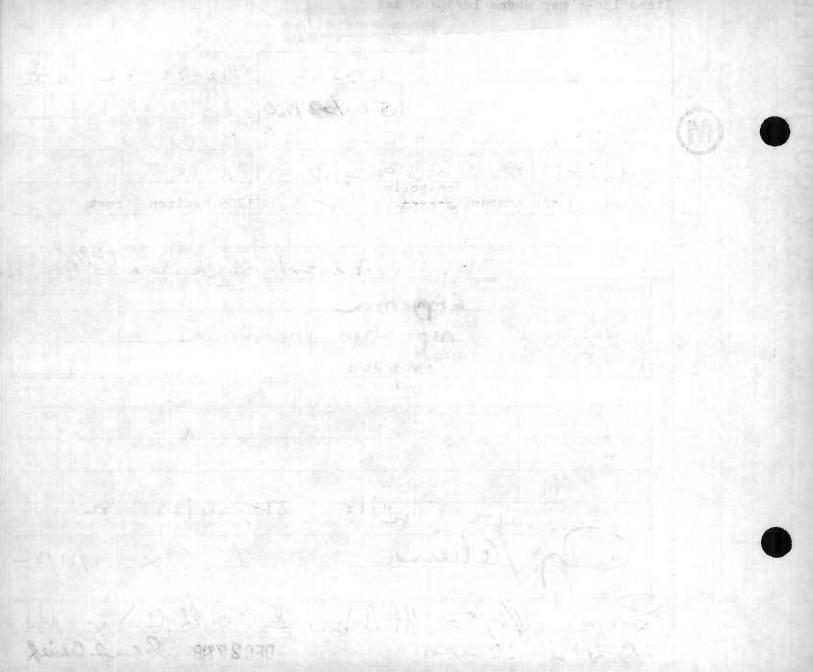
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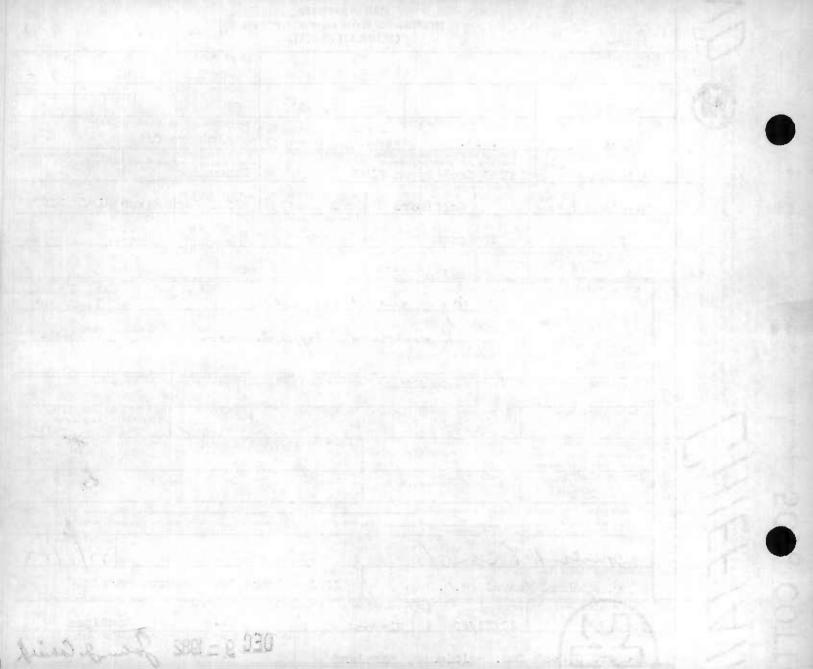
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PARTY MARKET SIN SANCE Jain D. E. C. 1882 J. C. S. Caring

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	- STAT	E STRAR		DEP		EALTH AND MENTAL	HYGIENE	REG. N	0	0 0	
. 8.4	I DECEASEI		FIRST	MIDDLE		AST	20 DA		MONTH DAY	YEAR 26 HO	UR.
may be page 3 ter death		t	LLEN	1	R	220		12-2	3-82	16	1
4 00	3. SEX	mal.	4 RACE	2-0	5. DATE (SE BIRTH		(IN YEARS LAST BIR	MONTHS	DAYS HOURS	CH 34
Poge I	Zo. BIRTHPLA	CE STATE OR FOR	EIGN 76 CITIZE	N OF WHAT COUN	TRY? 8		. Q RAL	TIMORE CITY O	YRS. COUNTY OF DE	ATH	1
de of MAN	17 LL	nknou	IN C	と、ブル	WIDOW		0 1	3alter	nere		
offer the state of	10 CITY OR	TOWN OF DEATH		TE OF HOSPITAL, NUTTIN SUCH FACILITY, GIVE S		OR OTHER INSTITUTION		UAL OCCUPATION OF COMMON TO THE		KIND OF BUSIN	ves:
filled hould be	13a STATE	rol . 17	nne Aru	LIST CHYOR	TOWN	13d. INSIDE CITY LIMIT	5? 13. 51	Madi	son Stre	et	
ompletely of 2 si	14. FATHER'S	FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		LAST	
be execu-			U.S. ARMED FOR IF YES, GIVE WAR OR DA		SECURITY NO.	17 INFORMANT	Jursi	ADDRE	Rocard	7914 Ar	u
requires that the death en signed by the attend t. Then please remave co or ta burial, cremotion, a y injury, or ather traumot	gove couse unde	2 OTHER SIGNIF	chich diote the lost. DUE		OUENCE OF	NOT RELATED TO THE T	TERMINAL DIS		DITION GIVEN IN I	PART Ito	
bas be permit pe	CERTIFICATION 180 DV	TE OF OPERATIO	19b C	CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O	FINDINGS USE AUSES OF DEA	ATH
SICIAN: T ng physici certificate certificate urial-transi tempal Hygin them 18 sh	OR CO	CCIDENT WAS UNDER	SE OF DEATH HOLE EXAMINER)	P.M.	DAY YEAR	21c. HOW INJURY OC					الب
the the ond	WHILE AT WOR	JURY OCCURRED		LACE OF INJURY DME STREET FACTORY OF	FICE FARM, ETC)	21f. LOCATION STREET		CITY OR TO	wn co	UNIY	STA
OR ATTENDINC e hospital or a DRECTOR, Afre sched for use as Dept, af Health f ftem 21 is mork	SO IN	w the deceased	olive on 11 (did not) view th	body ofter death.	9 82.01	d that in (my) (our) opin	nion death ac	curred on the do	ote and hour and f	that (I) om the couses st	tote
HOSPITAL Orned by the FUNERAL Dould be detach the the State DRORTANT: If	77£ Pt	YSICIAN'S NAM	PRIM)	aller		ATTENDIN PHYSICIA 22e ADDRESS		CAL STAF		12/13/	19
BP	23 BURIAL	PREMATION, RE	MOVAL 236. VA	5/83	MAY OF	EMETERY OR CREMAN	PRY S	mill	CI- FOUN	v A	7
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL	DIRECTOR	PZO	Man April	s /	25a.		BY REGISTRAR	25b. POSTRAR'S	GNATURE	





FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

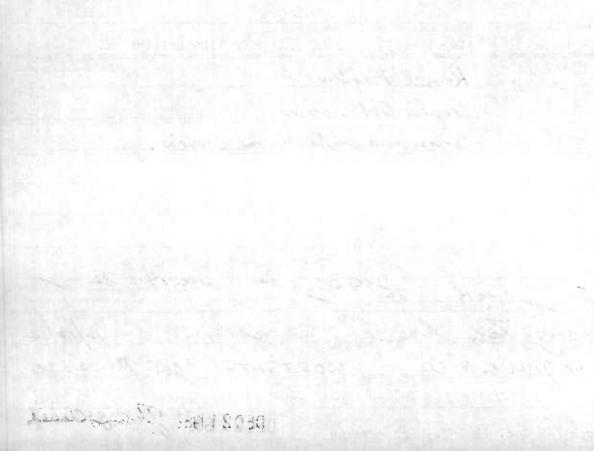
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
		CEASED NAME P	IRST .	WIDDLE	Rowland		MONTH DAY	Y YEAR	26 HOUR
			ery W	. Rou	ILAW)	DEC	1 151	1982	9PM
	3. SE	х	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT		UNDER : YEAR	IF UNDER 24 HRS.
		male	Blac	k nonth	5^ 05	77		NIHS DAYS	HOURS MIN.
di.	≱ú Bl	RTHPLACE (STATE OR FORE	IGN TE CITIZEN OF	WHAT COUNTRY? 8	D NEVER MARRIED XX	9. BALTIMORE CITY O		FDEATH	
)		laryland	U.S.	A. WIDOWE	DIVORCED	C	ITY		MD
	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME O	the state of the s	120 USUAL OCCUPATION			F BUSINESS OR
	BI	TLTO CITY	MEL	NORSING HOL	E-B.C.H	(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	
pi	USU,	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)		1			0.000
)		ryland	1 000011	Baltimore	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1405 N. De	cker A	ve. 2	1213
V	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA				
1		Harry	MIDDLE	Rowland	Minnie	WIDDIE		Balla	ard
		VAS DECEASED EVER IN		16h SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
	10	VES. NO OR UNKNOWN) NO	FYES, GIVE WAR OR DATES)	N/A	Bernice Mer	ritt 1405 N.	Decke	r St.	
		18 CAUSE OF DEATH	Enter only one couse per	line far (a), (b), and (c)				APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)	Il4 minal	2 duantes	sucumone	a	-	JASET AND DEATH
		4210							
		Conditions, if any, w		R AS A CONSEQUENCE OF	hemolegi	4 - mullios	lochely	19	79
		gave rise to immed cause lat, stating	iate	R AS A CONSEQUENCE OF					
			last.	AS A CONSEQUENCE OF					
		PART 2 OTHER SIGNIFI	CANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	OITION GIVEN	IN PART 10	o .
	CERTIFICATION								
1	CAT	190 DATE OF OPERATIO	N 196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDIN	VGS USED
	TIFE					YES NO	IN CERTIFYIN		NO
	CER	21a. ACCIDENT WAS UNDERL		FINJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
	CAL	OR CONTRIBUTING CAUS	SE OF DEATH						
	MEDICAL	21d. INJURY OCCURRED		OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION	CITY OR TOV	VN	COUNTY	STATE
	2	WHILE NOT WHILE	□ TAT HOME STR	EET, FACTORY, OFFICE, FARM ETC.)	SINCE	Ciroxio			31410
	-	220 I certify that 1) (th			ano, 19 79	18 V	LC, 19	82	that ((we) lost
		saw the deceased of abave, (A) (we) (did)	dive on 15 Rec		nd that it (my) (***) apinion	death occurred on the da	te and hour a	nd Irom the	causes stated
		226. SIGNATURE	1.		DEGREE	/		22c. DATE	SIGNED
		Edmus	rdes Bear	Jean Ma	ATTENDING PHYSICIAN [MEDICAL STAF	F IAN []	16 V	lec82
		224. PHYSICIAN'S NAMI	(TYPE OR PRINT)		22e ADDRESS				
		3 11 1 23 11							
		BURIAL, CREMATION, REA			EMETERY OR CREMATORY	23d LOCATION			
	(BURIAL	12/20	/82 Mount (Calvary Cem.	Baltimor	e e	Co.	Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

Wm. C. March F/H Inc. 1101 E. North Avenue

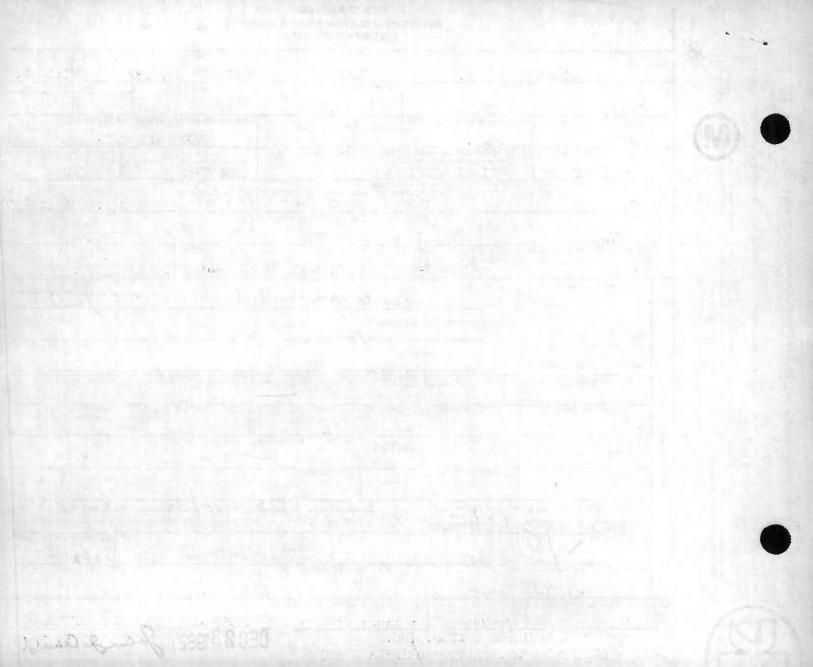
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1	1.	FOR STATE		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENT FICATE OF DEAT		IENE 8 2	3	1 8	3 8
		REGISTRAR CEASED NAME FIRST		WIDDIE		LAST		REG. N 20 DATE OF DEATH		AY YEAR	2h HOUR
1	1,,,,,	Mar	y	E.	Ruf	fin			12 14	82	
	3 SE	Female	4. RACE Blac	k	5. DATE O		SEAR 6	6 AGE (IN YEARS LAST BIR	0.0	ONTHS DATS	HOURS M
10	0.0	RTHPLACE (STATE OR FOREIGN COUNTRY) arboro, N.C.	76 CITIZEN OF	.A.	MARRIE WIDOW	D NEVER MARR		Baltimore city of Baltimore	R COUNTY		
00	1	altimore	(IF NOT IN SUC	HOSPITAL, NURSI CHEACILITY GIVE STREE HOllins	T ADDRESS)	OR OTHER INSTITUT	ION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND O INDUSTRY	F BUSINESS (
15	13a. S	AL RESIDENCE (IF NURSING ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	NOITUTITZNI 8 INSTITUTION	Baltim	WN	13d. INSIDE CITY LI YES 🛣 NO	IMITS?	13e STREET ADDRESS	lins St	treet 2	21223
200	14 FA	THER'S NAME FIRST Arthur	WIDDLE	Cobb		15. MOTHER'S MAI		MIDDLE		Wesl	ley
/	- 0	VAS DECEASED EVER IN U.S. (ES. NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	245-20-		David A.	Ruf	fin 1300 Ho		St.	
	CATION	Conditions, if ony, which gave rise to immediate cause io1, stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, OI	R AS A CONSEQUE	DEATH BUT		Her P	ne Cenury NAL DISEASE OR CON 1200 AUTOPSY?	DITION GIVE	WERE FINDIN	VGS USED
9	L CERTIFICATION	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING	110110	F INJURY M. MONTH D	AY YEAR	21t HOW INJURY	OCCURR	YES NO	YES		OF DEATH?
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE NORK	21e. PLACE		19 FARM, ETC 1	21f LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
Nem Z1 is man	198	17th I certify that (this has sow the deceosed alive abave (we) (did) (did) 27th. SIGNATURE	an Dec	14 19		nd that in (m) (our)		, to	Lale	and fram the	
MPORTANT.	23o. B	GEORGE T	AL 23b. DATE	230		600 L.	ICIAN I	APPOICAL STA	IAN 🗌		17/82
-61	24 FU	INERAL DIRECTOR NAME C. March F/I	12/21/	ADDRESS		Family Pl	250. DATE	Kingsbord REC'D BY REGISTRAR C 2 1 1982		AR'S SON	N.C



15	FOR 1 - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 3	1 8 3 9
1	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1 75	(TYPE OR PRINT) WALTON	T.	RUSE	DECEMBER 26, 19	982 3:00pm
ge 4 may	X SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 10 - 19 - 1908	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	PLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9. BALTIMORE CITY OR COUN	
25	BALTO.	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OF
24 hours	JUAL RESIDENCE (IF NURSING HOM		ORE ADMISSION) DWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	21234
100	RICHARD	W. RUSE LAST	15 MOTHER'S MAIDEN N		LAST
Pogen Co	(YES, NO OR UNKNOWN) (IF YES	101	CURITY NO. 17 INFORMANT	ADDRESS M-Ruse - 2914 G	Quarade Suar
requires that the cen signed by the cen signed by the central cremo de to bursal, cremo y siquey, or other tr		DUE TO, OR AS A CONSEC (c) NT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER		
The form	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	YES NX X	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SECIAN of physical centricol rightner entol Hy	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	8 PART OR PART 2)
offer the state the state to state by the ond M	21d. INJURY OCCURRED HILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OF TOWN	COUNTY STATE
ATTENDI expital or ECTOR, A d for one r, of Healt m 21 s m		TIFLEWISER /h		DECEMBER 26 death occurred on the date and h	
FAL DR. detacher to the brancher detacher to the brancher branche	Mille Ou	extitely	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/26/82
O HOSP Mainted to hould be with the S		GLÍATELLI MD	100 N. BROAD		E, MARYLAND, 212
5 RP	830. BURIAL, CREMATION, REMOTE (SPECIFY) BURIAL	7AL 23b. DATE 23 12 - 27 - 8 L	PARKOOD COM.	SALTO, M	COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR	7507 HADDRES	150 DE	TE REC'D. BY REGISTRAR ST REG	ISTRAR'S SIGNATURE

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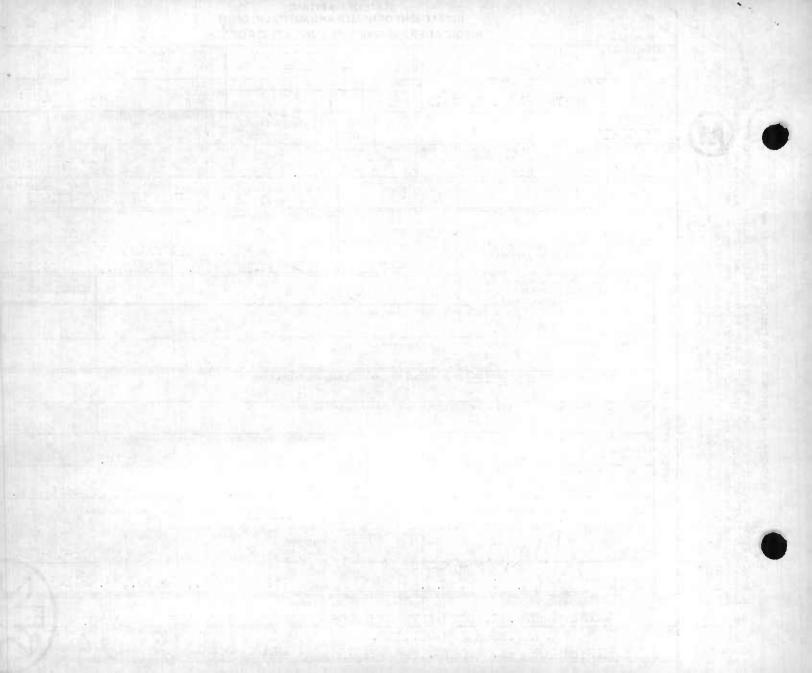


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) PARASKEVI SALPEAS DECEMBER 25. 1982 4:05 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS MONTH 22. 48 Female White 66 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Greece BALTIMORE CITY Greece WIDOWED DIVORCED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE Housewife USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 136. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Baltimore 4 N. Highland Avenue 21224 YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Elias Panagiota Kourakos Kyriakogonas ADDRESS 16b SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Mrs. Maria Kaminaris, 4 N. Highland Avenue (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) None Baltimore. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY RESPINATORY FAILURE. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE SET CONCINOMA. Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF TALL OF PANCISAS underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ADCINOMA ALL TANCASAS NO YES NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DIVISION OF VIT 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 5 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 2201 certify that (1) (this haspital) attended the deceased from, 10 82. saw the deceased alive an above (I) (we) (did) (did hat) view the badyrafter death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 2% SIGNATURE 22c DATE SIGNED DEGREE . y. hin MA ATTENDING MEDICAL STAFF should be de with the State IMPORTANT. DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIANUS NAME (THE CHAPT) 22e. ADDRESS SMINO 0 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OF TOWN Burial 12-31-82 Anastasis Cemetery Keratsini, Piraeus, Greece 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Nicholas T. Matthews, 3021 Eastern Avenue Baltimore, Md. (VRA 15, 4)

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	4.	FOR		1	DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	3	13	4 2
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SE SE	43	IRGINI	A	US	SA	WIDOW			ore City	/	JM.
2 H 10	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	120 USUAL OCCUPA	ATION (TYPE OF WO	ORK 12b. KINE	OF BUSINESS
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AND AND RETA		MARYLAN	ID /-	7.1	BALTIMORE		YES NO	4108 RITC	HIE HIGH	HWAY #	#21225
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A SEA	4		MAMIN		SALSBURY		MOLLI			BART	
BALTIMORE, MD. S AFTER DEATH. IS GIVE PAGES 1. 2 THE FORM PM. 3 PAGES 1 AND 2 S INTISION OF VITAL.	160.	WAS DECEASE ES, NO, OR UNKN	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI	TY NO.	17. INFORMANT	MRS. CELI	ADSALSBI	JRY	
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AND SATE			A		cribed abave, held on	Autap		_		y opinion	
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2	2	EXAMINER'S	NAME Ann	M. Dixon	, M.D.		ADDRESS 111	Penn St.,	Balto.,	Md. 21:	201
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DHMH - 17	24 F	UNERAL DIRE			BROS., INC		25e. DATE F	REC'D. BY REGISTRAR			
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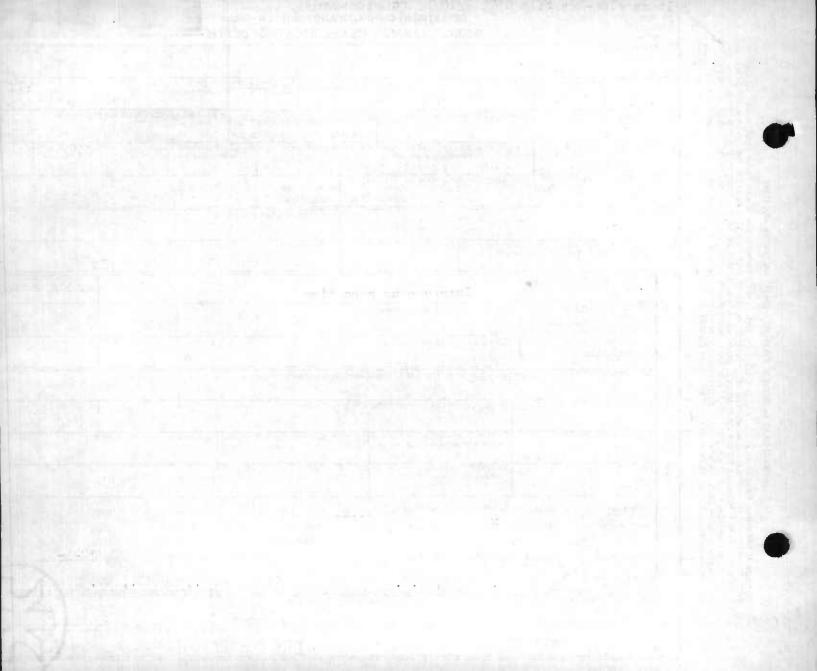
STATE OF MARYLAND



STATE OF MARYLAND

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EXECUTE THE CERTIFIC TO FUNERAL DIRECT AFTER DEATH, WITH T BALTIMORE, MARYLA		(TYPE OR PRI	INT)	Ann M	. Di				ADDRESS_	111			Balt	O., N	nd.	2120	
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STATE OF MARYLAND

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STATE OF MARYLAND	.м.		1629	9	75	4	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	3	1	Ö	6	

Westview Mall

21228

1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 8 2	3 1	8 4 /
٧	I. DECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY Y	EAR 2b. HOUR
1	Grace	Schaefe	77		December 30	1982	6:15 pm
1	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	
ı	Female	White	July		93	YRS.	DAYS HOURS MIN.
1	ANBIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEA	тн
1	Maryland	U.S.A.	WIDOWE		Baltimore	citu	MD
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON 126. K F WORKING LIFE) INDU	IND OF BUSINESS OR
4	Baltimore City	General German	Aged .	People's Home	Registered	l Nurse	
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE Mary land Fred	r OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV erick Frederi		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 36 E 4th S	Street :	21701
t	14. FATHER'S NAME		0.0	15. MOTHER'S MAIDEN NA	ME	02000	
	William	Wesley Harper		Sarah	Ellen	Wantz	LAST
1	160. WAS DECEASED EVER IN U.S. AF			17. INFORMANT Gener			Tota Home
	(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 213-74-3	259	22 South Ath			
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	erale	of Degle	meration	•	
	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO			100 AUTOPSY?	20b. IF YES, WERE F	
	<u> </u>				YES NO	YES 🗌	№ □
	OR CONTRIBUTION COLOR	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	ART 2)
١	THE STITES NOTHER MEDICAL EXAMINE 214. IN JURY OCCURRED WHILE NOTHHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211. LOCATION STREET	CITY OR TOV	wn coun	NTY STATE
	sow the deceased alive or above, (1) (we) (did) (did no	otton) ottended the deceased from 19 ottended the body ofter death.	, 01	nd that in (my) (our) apinion (to 30 death occurred an he do		
	22h SIGNATURE	1 Bryson		ATTENDING PHYSICIAN [220. ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F _	DATE SIGNED

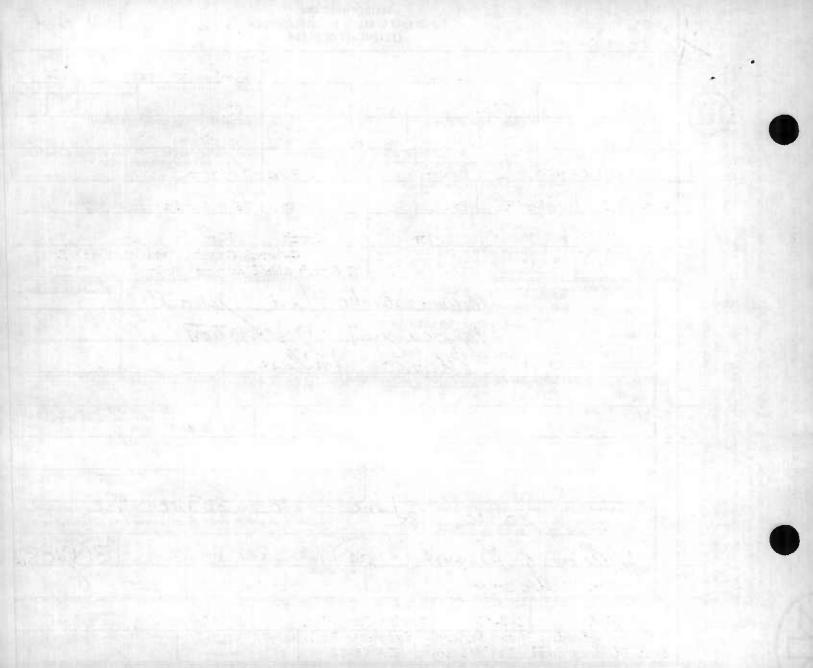
IMPORTANT: If Hem 21 is morked or Hem 18 shows ony should be detached for use as with the State Dept. of Health ATORY 23d LOCATION CITY OF TOWN Baltimore City, Maryland STATE

250 DATE REC'D. BY REGISTRAR 256/REGISTRAR'S SIGNATURE AT THE STATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 1-3-83 Loudon Park Cem. 8728 Liberty Road Randallstown, MD. 21133

William Brysch

DHMH - 16 50M 4/82 (VRA 15, 4)

O FUNERAL DIRECTOR:



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with 12-20-52 how reserve things july b.

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR TYPE OR PRINTS OF ESTI-ALBERT DEATH MATED SCHEUFELE 12-6-8219 AGE (IN YEARS 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DAY 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED DEAD 12-6-8219 2:24/ MALE WHITE 69 YRS O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! U.S.A. MARYLAND WIDOWED DIVORCED Baltimore City 3. RETAIN PAGE 2 SHOULD BE FILED III. CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS 2502 Dulanev Street SHIPPING CLERK Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13h COUNTY 13c CITY OR TOWN 13d: INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE MARYLAND 2502 DULANY STREET. YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST GEORGE SCHEUFELE SADIE CALLAHAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT ADDRESS DIVISION LIF YES GIVE WAR OR DATES 2502 DULANY ST., 21223 YES WW II 212-10-5460 HELEN CRAWFORD 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION 214. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BARTIMORE, MARYLAND, 21201 P AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 228 I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted from Notural causes X Hamicide L Undetermined monner Accident Suicide TITLE (SPECIFY) SIGNED 12-6-82 SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE COUNTY STATE A.A. MD. CROWNSVILLE VETERANS ... CROWNSVILLE BURTAL 12-08-82 DATE REC'S BY REGISTRAR 256 PER ISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) INC. 4107 WILKENS AVE. HUBBARD FUNERAL HOME. 20M 4/82

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25+1	item 18b 1- STATE REGISTRAR	film575 1-2	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 2	3 1 3	3 5 1
9 7	I DECEASED NAME FIRST	es Kenn		nnidt	20 DATE OF DEATH	MONTH DAY YEA	2 10 45
moy moy	3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		
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S S S S S S S S S S S S S S S S S S S	Maryland	76 CITIZEN OF WHA	T COUNTRY? 8 MARRIEI WIDOWE	NEVER MARRIED [Baltimore city of	e City	H MD.
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MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be file aconginer (myg) be be		DUNTY 13c. (residence before admission) CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS	sford Road	. 21204
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201 W. PRESTON 51., ss that the death certific red by the attending ph please remave carbonp urial, cremation, ar rema , or ather traumatic ever	Conditions, if any, which gave rise to immediate cause (a. stating the underlying cause last	DIATE CAUSE (b) DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF	He norrho	RMINAL DISEASE OR CON	DITION GIVEN IN PART	T Ico
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DHMH - 16 50M 1/81 (VRA 15, 4)	Martin D. Law	vson, 10 W.	Padonia Rd	. Timonum	DEC 301982	25b. REGISTRAR'S SIGN	L' Couries

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Leonard J. Ruck Inc. Baltimore, Maryland

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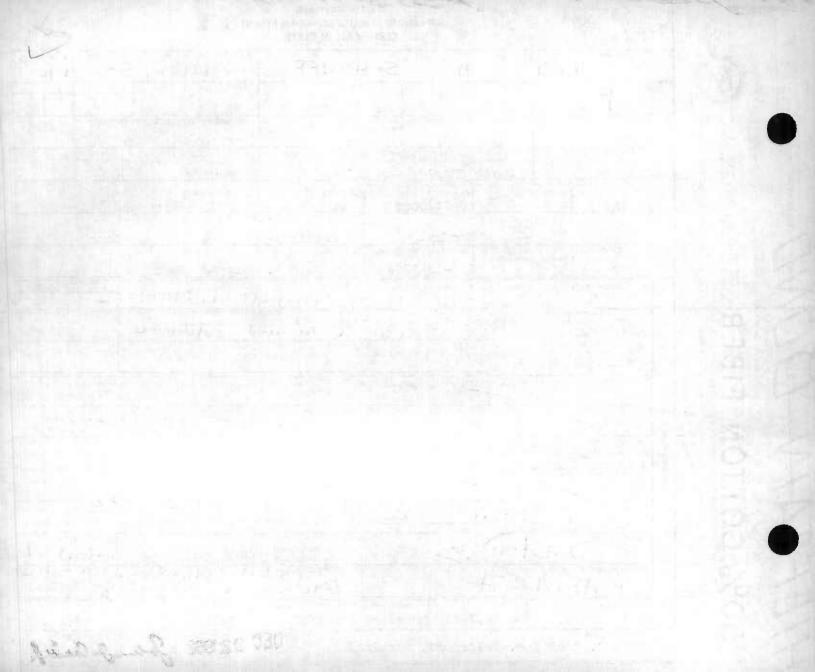
DHMH - 16 50M 1/81

(VRA.15.4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 20 DATE OF DEATH MONTH DAY VEAD 2h HOUR 322 SCHNEIDER 82 12 22 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12h, KIND OF BUSINESS OR (TYPE OF MORK FOR MOST OF WORKING LIFE) INDUSTRY 3900 N. Charles St. Balto. Md. Wagner Mrs. Doris K. Ma ully Farerat Home. 17 10 days 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE 85

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

12/22/87

Burial emeteru.

1 - STATE

TYPE OR PRINTS

REGISTRAR

DECEASED NAME

July Funeral Home, 237 E. Patapsco Ave. Balto.

Haryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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3	COUNTRY)	ITE OF FOREIGN	76 CITIZEN OF	_	RY? 8. MARRIE WIDOWE	D NEVER MAI	RRIED 🛄	BALTI.	MORE	CIT	y ,	MD.
3	BALTIM		11. NAME OF F	H FACILITY, GIVE ST	REET ADDRESS)	SEN (- A	20 USUAL OCCUPA	TION OF WORKING LIFE)		F BUSINESS C)R
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2	160 WAS DECEASED (YES NO OR UNKNOW)	(IF YES, GI	RMED FORCES? VE WAR OR DATES)	215-D	3-3066	Pansy	L. Sc	BaT9 hramm 10	Thore 7 Thir			
	Canditions, if gove rise to cause (a), underlying	any, which immediate stating the cause last	DUE TO, OR DUE TO, OR DUE TO, OR (c)	R AS A CONSE	OUENCE OF OUENCE OF	NOT RELATED TO) THE TERMIN	AL DISEASE OR COI	NDITION GIVEN	12 1	MATE INTERVAL INSET AND DEATH DAYS	
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9	(IF EITHER NOTIF 21d INJURY OC WHILE AT WORK 22a.1 certify th	CAUSE OF DE Y MEDICAL EXAMINE CURRED OUT WHILE AT WORK at H (this hosp recessed alive or (did) (clud	P.A.	M. MONTH M. DF INJURY EET FACTORY, OFFI deceased fro	19 (CE, FARM, ETC.) m 12 - 9 82, on	211 LOCATION STREET	19 82	CITY OR I	OWN	COUNTY		ıst
1		I'S NAME (TYPE O	Monro PRINTI) MORRI	sou	D.			MEDICAL STA DIRECTOR PHYS	ICIAN []	12-2	8-82	
	230 BURIAL, CREMAT	ial	12/3:	1-		emetery or cre		23d LOCATION CITY OF LOWN Baltimo	re	COUNTY	Md.	
	Geo.J. Go		01 Rit		timore Hwy. 2	Md. 21225	250 DATE	3 1983	256. REGISTRA	R'S SIGNATU	IRE	Ę

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE	OF	MARYLAND	
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1920

13d. INSIDE CITY LIMITS?

DIVORCED

NO [

Margaret

Vernon G. Schroth

15. MOTHER'S MAIDEN NAME

MARRIED NEVER MARRIED

YES X

17 INFORMANT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

SCHROTH

5. DATE OF BIRTH

Mav

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ENE	8	2		3		8	5	5
		REG. N	10					
20 D	ATE OF	DEATH	MONTH	DAY	YEAR	2b.	HOUR	_
			12	13	82	2 2	2:50	PM
6 AGI	(IN YE	ARS LAST BI	RTHDAY)		NDER I YE	AR IF	UNDER 24	HRS
	62		YF	MON	HS DA	YS HC	URS	MIN.
9. BAL	TIMOR	ECITY	OR COU		DEATH	_		_
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		CCUPAT	E CT	-	2b. KINE	OF BU	JSINES	MD.
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	FR)	1627			BETWEE	OXIMATE N ONSE	INTERVA	ATH_
VALD	ISEASE	OR CON	DITION	GIVEN	N PART	1(a		
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YES		NO	INCE	RTIFY INC	J CAUS		DEATH'	
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Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR

190. DATE OF OPERATION

21d INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

FOR

REGISTRAR DECEASED NAME

Female

Marvland

13a STATE

Md

4 FATHER'S NAME

TIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

BALTIMORE

(YES, NO OR UNKNOWN)

no

MARTHA

4 RACE

UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION!

MIDDLE Harry Slaughter

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic

13b COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

White

USA

- STATE

TYPE OF PRINTS

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CERTIFICATION

MEDICAL

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Item 18

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194

MPORTANT

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FUNERAL DIRECTOR:

be deta e State [

should b

216 TIME OF INJURY

21e. PLACE OF INJURY

F.

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

AT HOME, STREET, FACTORY OFFICE FARM, ETC.)

Savera

UNION MEMORIAL HOSPITAL

166 SOCIAL SECURITY NO.

216 12 8999

13c. CITY OR TOWN

Baltimore

21c. HOW INJURY OCCURRED (ENTER NATURE C HOUR A.M. MONTH DAY YEAR

ASCUD.

211 LOCATION

and that in (my) (aur) apinion death occurred on the date and haur and from the couses stated

CITY OF TOWN

COUNTY

COUNTY

85

STATE

saw the deceased alive an 12/13 abave, (I) (we) (did) (did nat) view the body after death 22b. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

22a I certify that (1) (this hospital) ottended the deceased from

DEGREE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ATTENDING 22e ADDRESS

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT

UNION MEMORIAL HOSPITAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION

23b. DATE Lorraine Park Cemeter

Woodlawn.

Burial 24 FUNERAL DIRECTOR

BRIAN H KAHN M.D

Burgee Funeral Home 3631 Falls Road 21211

HMH - 16 50M 1/81 (VRA 15, 4)

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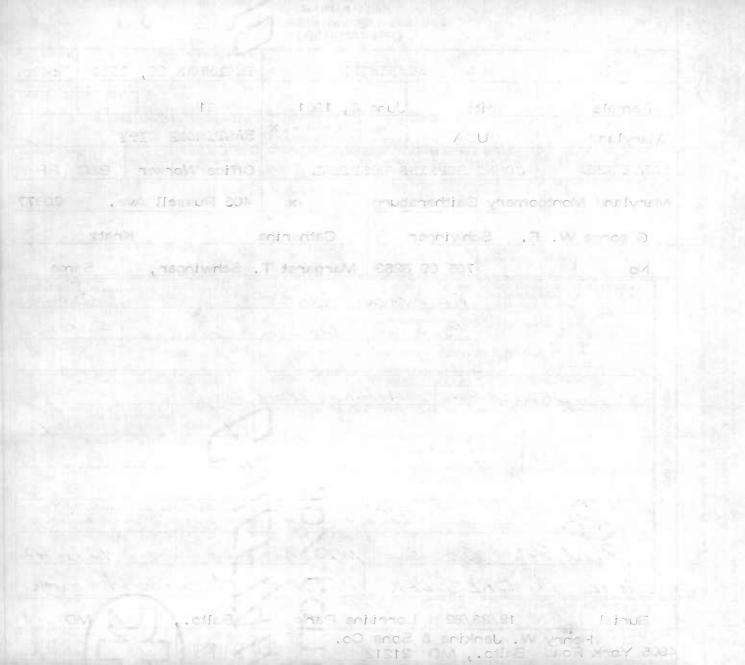
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME KNOWN MONTH YEAR 2b. HOUR (TYPE OR PRINT) ESTI-Bertha DEATH MATED Schwartz 3 SEX 4 RACE 3 P DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS DATE 82 VPC PRONOUNCED Female White 00 2819 82 DEAD YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 700BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED X WIDOWED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Housewife 2, AND 3 TO 3. RETAIN PA SHOULD BE F Baltimore Linwood Avenue USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Md. 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 10 N. Linwood Avenue 21224 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST Joseph Eleanor Krantz Welnicki VE PAL FORM 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO M-INFORMANT lie 3512 Mt. Pleasant Ave. Knight. 220-68-0403T No Baltimore. APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. Ammediate Cause (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO M R TO BUF 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING THIS CL TE, WRITIN WARDED T, 1GE 3 SHO. T DEPARTY CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME 21E LOCATION TO MEDICAL EXCITICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 F AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection X 228 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my ppinion death resulted from Natural couses Accident Suicide Undetermined monner TITLE (SPECIFY) 12/29/82 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. III Penn St. Balto., MD. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore Md. Holy Rosary Cemetery Baltimore Burial 12-31-82 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Nicholas T. Matthews. 3021 Eastern Ave., Balto. (VR A15 ME (5)) 20M 4/B2

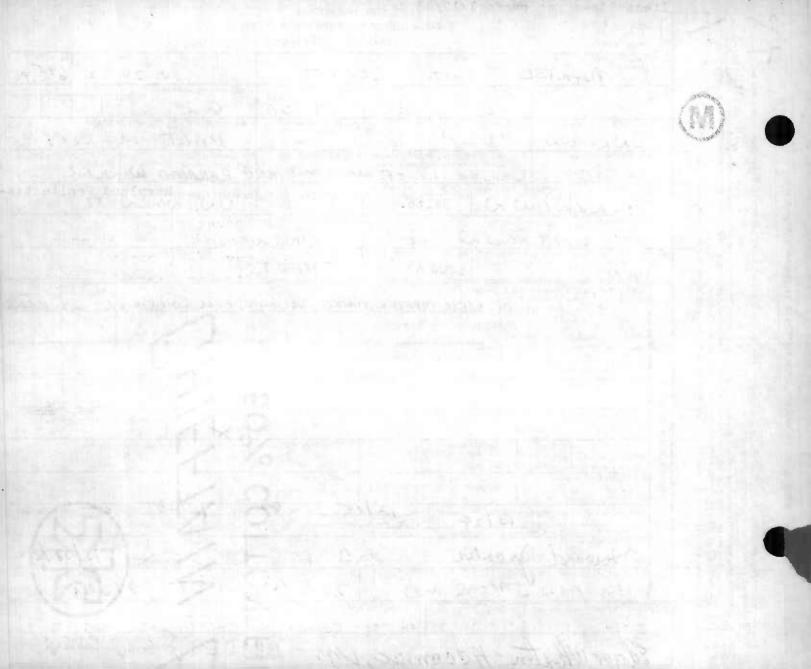
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e execut n and co Pages 1	2		AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 579-32	CURITY NO. 17. INFORMANT	SCHWEITZER (SAME AS 13
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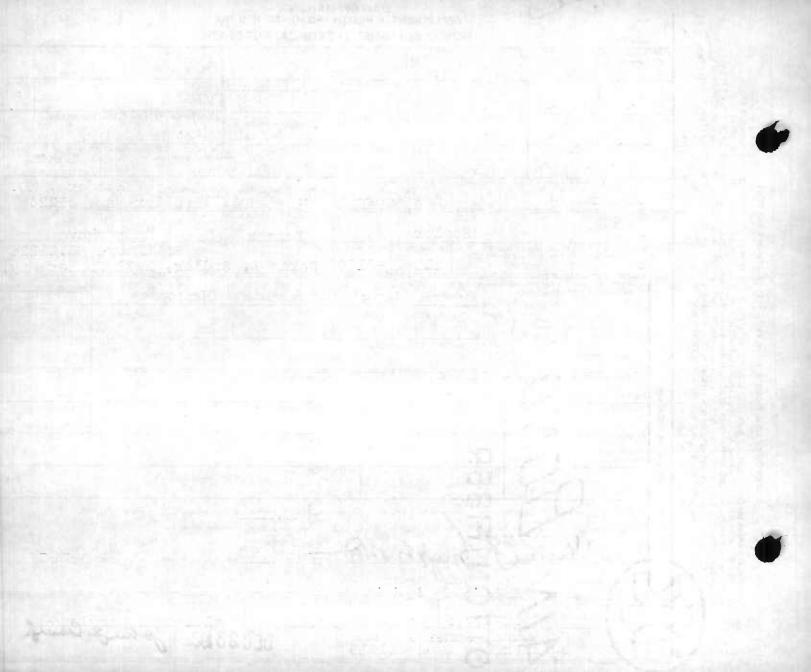


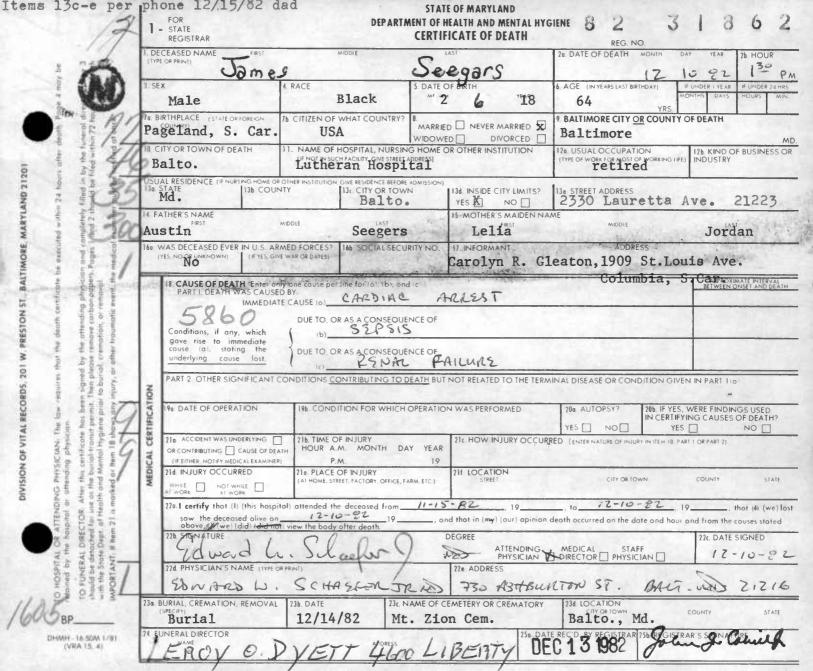
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TIEN Pitol for u of Ho		sow the deceased alive or above, (1) (we) (did) (did no	at view the body at	ter death 19_		that in (my) (our) opinion	death occurred on the de		
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TO HOSPITAL retoined by the TO FUNERAL should be detoined with the Store IMPORTANT: If		HOWARD	JACOB!	cmo		225:00	eene ST	2120	
		BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. N	IAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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(VRA 15, 4)		WATER WHEN	ton - AC	comi	ac,	1ar JA	11 7 0 1000 0		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-DEATH MATED Sedler Albert H. 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUI 2c. DATE LAST BIRTHDAY) PRONOUNCED Nov.8,1908 Male White 74 YRS DEAD 1982 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City. WIDOWED | DIVORCED | Czech. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION. 120. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS OB Boksen v FOR MOST OF WORKING LIFE! 1231 Wohler Way Baltimore Baker Levins UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL Baltimore, MD. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN Maryland Baltimore YES X 1231 Wohler Way, 21224 NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Frank Sedler Ondryskova Suzana 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. BATESmore, Md. 21224 YES, NO, OR UNKNOWN) 212-18-4100 No Sarah L. Sedler, 1231 Wohler Way, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 10 E 3 SHOULD TO F HE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 210. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME III. LOCATION STREET, FACTORY, FARM, ETC.) COUNTY WHILE AT WORK Inspection XX 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALLEMORE, MARYLAN Hamicide Undetermined monner TITLE (SPECIFY) 12-23-82 M Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. III Penn Street 230. BURIAL, CREMATION, REMOVAL 236. DATE 73C NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 12/27/82 Oaklawn Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR Schimunek Euneral Home **DHMH - 17** 3331 Brehms Lane, 21213 (VR A15 ME (5))

20M 4/82





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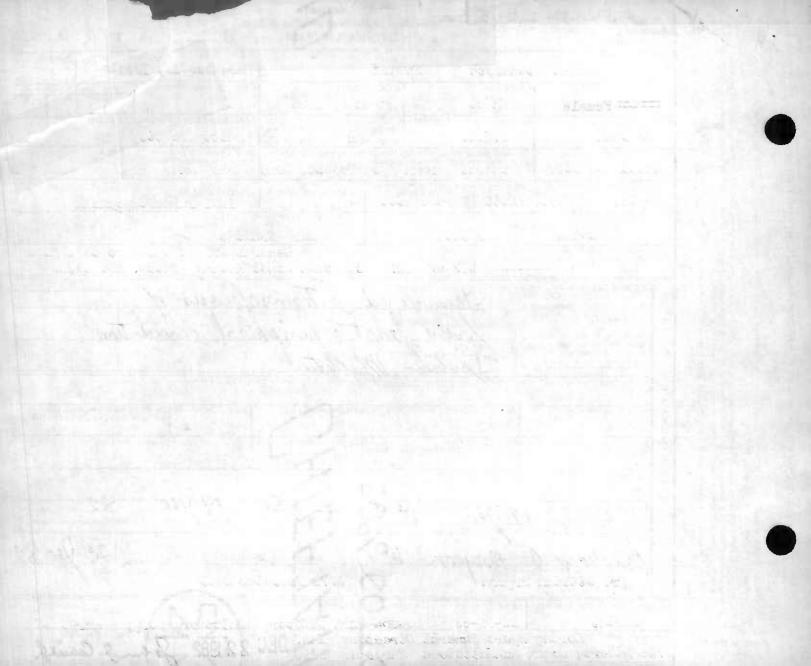
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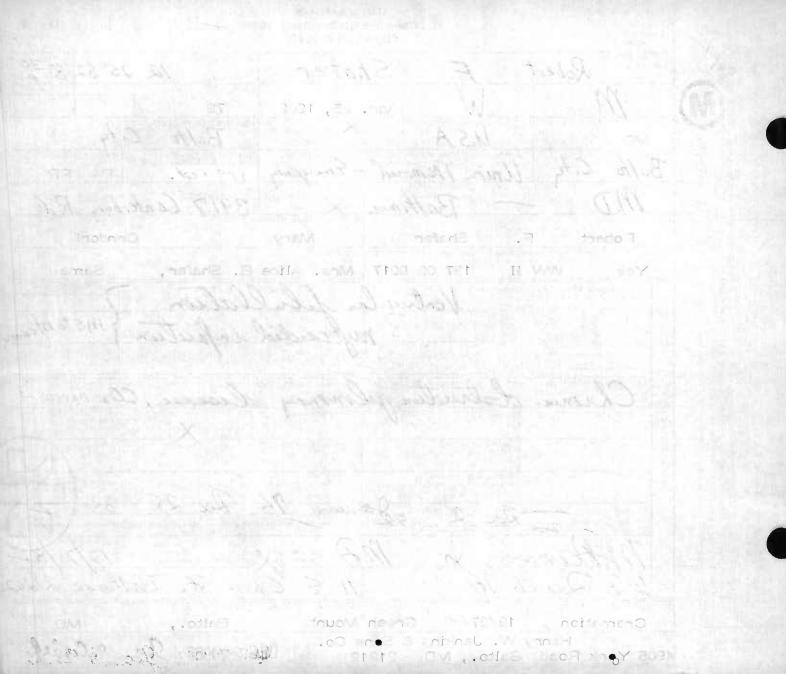
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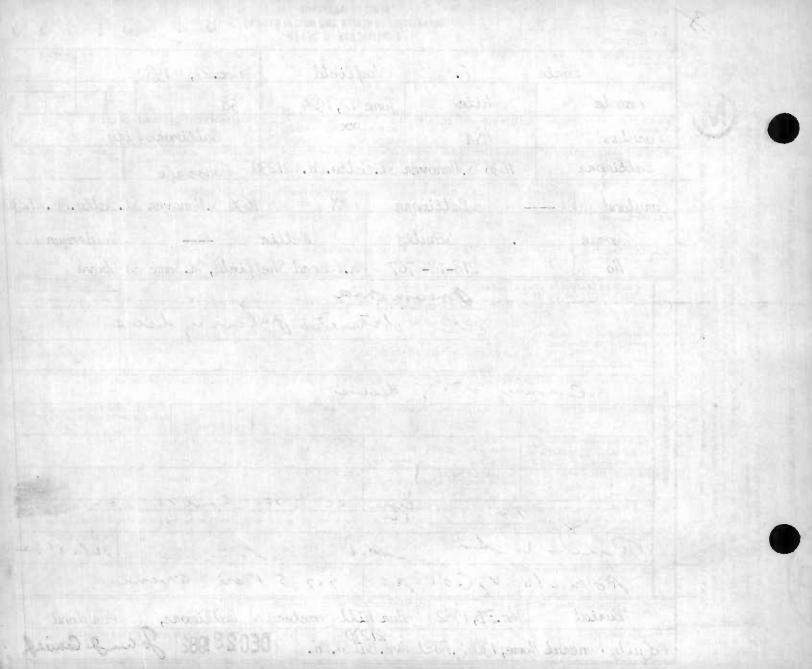
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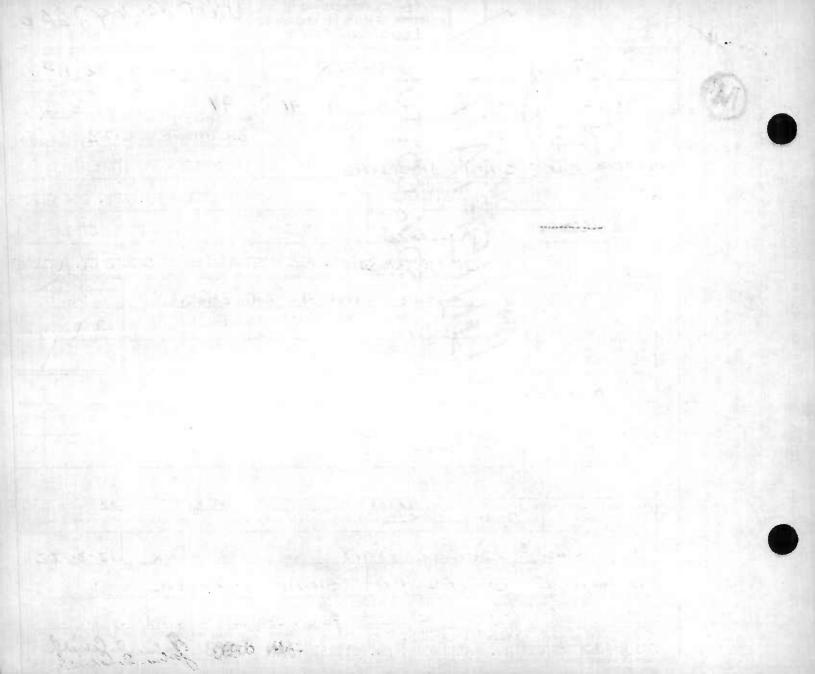
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. /.	1-	STATE REGISTRAR		CERTIFICATE OF DEATH	8 2 REG. NO. 3	1 8 6 4
de at		EASED NAME FIRST OR PRINT) Mrs. E	Elizabeth S	Seward	December 13. 19	82 PEAR 26 HOUR
ctor, poi	3. SEX	tale Female	4 RACE White	5. Date of Birth March 8, 1892 sear	6. AGE (IN YEARS LAST BIRTHDAY) 90 YRS	IF UNDER 1 YEAR IF UNDER 24
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s ofter de	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR: (IE NOT IN SUCH FACILITY, GIVE STR.) General Germa	sing home or other institution and Aged Peoples Home	12n USUAL OCCUPATION	12b. KIND OF BUSINES
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n and co		AS DECEASED EVER IN U.S. AF		CURITY NO. 17 INFORMANT Gen	eral German ^{RE} Aged ol Avenue Balto.	-
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L OR ATTENDII the haspital ar L DIRECTOR: A tached far use e Dept. af Healt if them 21 is ma		27s. I certify that (II (this hasp sow the deceased alive or above, (II (we) (did) (did no 27s. SIGNATURE	of when the body after death.	DEGREE ATTENDING	n deoth occurred on the dote and ha	, 19, that (I) (we our and from the causes state
TO HOSPITAL retained by the TO FUNERAL should be determined by the State with the State MPORTANT: I		Dr. William	Bryson	12e ADDRESS 5772 West	Jew Mall	Too yet
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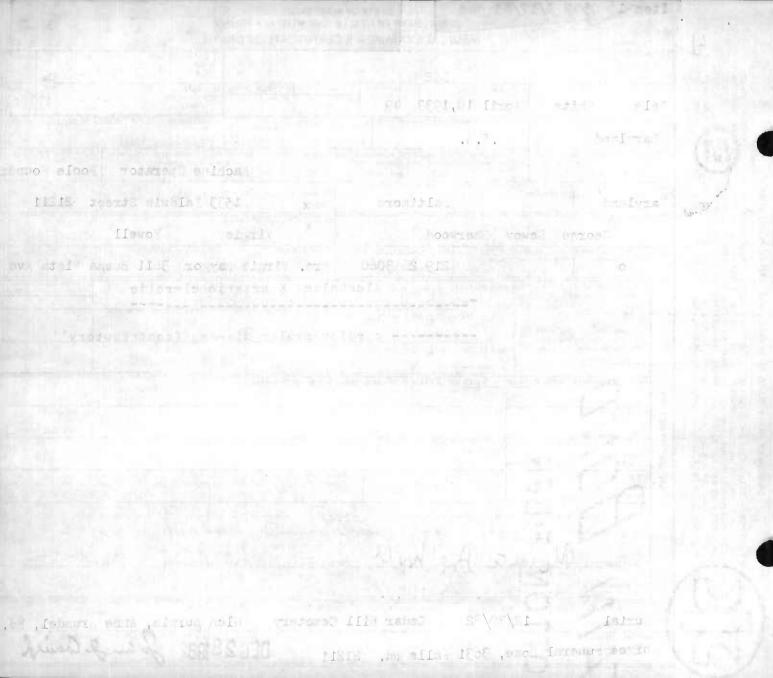


2/			STATE OF MARYLAND			
7	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	YGIENE 8 2	3 1	3 6
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deop	Man		Sheffield	Dec. 27,	1982	N
the	Female	4. RACE White	June 12, 1924 YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DA	
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by the fundled within	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS	sing home or other institution en st. Balto. Md. 21.	120. USUAL OCCUPAT OTYPE OF WORK FOR MOST O Housewa	ON 12b. KINE	D OF BUSINESS OR RY
should be f	USUAL RESIDENCE (IF NURSING HO 130. STATE 136. (Maryland. 14. FATHER'S NAME		ORE ADMISSION) DWN 13d. INSIDE CITY LIMITS	13. STREET ADDRESS 1636 S. Hand	ver St.Bal	to.M.212
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ter this of the bund we hond Me	(IF EITHER NOTIFY MEDICAL EXA	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ECTOR: Al d for use of it, of Healt m 21 is mo		hospital thended the deceased from we on19 iid not; view the body after death.	n 2 , 19 , 19 , ond that in (my) (our) opini	on death occurred on the d		the causes stated
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- 4 > 3	230. BURIAL, CREMATION, REMO (SPECIFY) Burial	Dec. 3D , 1982 (edan Hill Cemeter Cedan Hill Cemeter	y Baltimo		yland STATE
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			FOR			EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE 2	3 1	3 6	5 8
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EST	ANOW WOOM	77.	Condition	ns, if any, which	70000	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	** *					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING". IN PENCIL IN ITEM 18, 18, 18, 18, 19, 19, 10, 11, 11, 11, 11, 11, 11, 11, 11, 11		PART 2 NAMER C	CHIEF ANT CONDITIONS	(C)	HIT HOT BELLEVED TO THE TER	MINIAL BICEAC	OR CONDITION GIVEN IN PAI				
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	WILD OUT	-	ACTUAL SIGNATURE	MA	LALLE H	o Wall	L	D Assistant	MEDICAL EXAMINE	DATE	12-26	-82
Mark The Name of t	SEA SEA			* **	W	163.00			MEDICAL EXAMINE	K SIGIN		
	WE RECEIVED		EXAMINER'S (TYPE OR PRI	NAME NT) _ Marga	arita A. Ko	prell.M.D.		ADDRESS 111 F	Penn Street			
	DA PETO	23a. BU	IRIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF CE			236. LOCATION CITY OR TOWN		UNITY	STATE
	BP		Burial		12/30/82	Cedar	Hill	Cemetery	Glen Burn	ie Anne	Arunde	el, Md.
13/2	DHMH - 17	24. FU	NAME OF	CTOR	ADDRESS			25e. DATE R	C 2 8 1982	Sb. ESISTRAR'S	SIGNATURE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR (Type or print) Manth 2 Year Dolores Shipp 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS 56 Female. June 15,1926 White BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED F DIVORCED X Baltimore City Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Operator-C & P give street oddress) **INDUSTRY** BALTIMORE, MARYLAND 21201 St. Agnes Hospital Tel Balto 130. USUAL RESIDENCE (Where deceased lived, is institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13h. COUNTY Balto Channing Rd. #29 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last Margaret S. Charles Keith Russo 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 5501 Channing RdddressBalto..Md. (Yes, no. ar unknawn) (If yes give war or dates of service) Mrs. Carol L. Goodlin #21229 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) HETEREN CHISCE AND MA PART I. DEATH WAS CAUSED BY: PRESTON STREET, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR AS stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS. permit. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS burial, UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while 22a. 1 certify that (1) (this haspital) attended the deceased fram_ sow the deceased glive on 19, and that in they) (por) opinion death occurred an the date and haur and from the ATTENDING raises stated above, (1) (we) (did) (did not) view the body after death. ATTENDING DEGREE PHYS DIRECTOR PHYS PHYSICIA 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION, (County) (State) Loudon Park Cemetery -23-82 Md Balto G. Truman 5151 Barto. DHMH-16 1/71 30M Schwab Nat'l.Pike #29 (VR A15 (4))

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1	FOR STATE			HEALTH AND MENTAL HY	GIENE O L	1016
1.	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.	
	ECEASED NAME	FIRST	MIDDLE	LAST		AY YEAR 2b. HOUR
(1)	YPE OR PRINT)	CHARD	T SH	FONTZ	12.2	3 82 10.15 Am
3. 5	SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	MAL	EW	hite OF	DAY YEAR 2 27 42	40 YRS.	ONTHS DATE HOURS MIN.
570	BIRTHPLACE (STATE OR I COUNTRY) Penna	TOREIGN 76 CITIZEN C	DE WHAT COUNTRY? 8. MARR WIDOW	IED NEVER MARRIED DIVORCED	Baltimore City OR COUNTY Baltimore Cit	y
10	CITY OR TOWN OF DEA		OF HOSPITAL, NURSING HOME		12a USUAL OCCUPATION	MD. 126. KIND OF BUSINESS OR
and the second	altimore	StAG	nes Hospital		Carpenter Carpenter	INDUSTRY
130	UAL RESIDENCE (IF NURS STATE aryland	TOUNTY HOWARD	ON GIVE RESIDENCE BEFORE ADMISSION 13t CITY OR TOWN Elkridge	13d. INSIDE CITY LIMITS?	5839 Hunt Hill	Drive
5 14	FATHER'S NAME	No. of the MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	LAST
	Edward S	Shontz		Louise	MIDDLE	LASI
160.		IN U.S. ARMED FORCES		17. INFORMANT	ADDRESS	
H	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	191 32 5495	Window Conne	11 5839 Hunt Hill	l Drive 21227
	TIN CAUSE OF BEAT	M E		Wivian Casse	II JOSS Marie IIII.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH W	AS CAUSED BY	Carring for (0), (b), and (c)	ualous me	wingil's	BETWEEN ONSET AND DEATH
	1921	IMMEDIATE CAUSE (0)_	Chio Carlo		AIVS	
	14-4	DUE TO,	OR AS A CONSEQUENCE OF	1 0 00	0	
	Conditions, if any,			ung (a		
	couse (o), statin	g the DUE TO,	OR AS A CONSEQUENCE OF			
	underlying couse	lost.		O .		
	PART 2 OTHER SIGN	VIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(0
N N	2	nalnum	lin & c	atherie .		
CERTIFICATION	19a DATE OF OPERA	TION 196 CON	DITION FOR WHICH OPERATI	ON WAS PERFORMED	20n AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
- E					- m - m	ING CAUSES OF DEATH?
ER P	21g. ACCIDENT WAS UNE	DERLYING 1 215 TIME	OF INJURY	21c HOW IN HIPV OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
	OR CONTRIBUTING		A.M. MONTH DAY YEAR	R Pre How Hyjory Occor	(ENTER NATURE OF INDURY IN ITEM 18 PA	RT I OR PART 2)
\ \ <u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </u>	(IF EITHER NOTIFY MEDIC		P.M. 19			
MEDICAL	21d INJURY OCCURE	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK NOT WH	TILE				
		(this horpital) attended	the deceased fram	20 19 40		9 82 that (I) We lost
	saw the decease	ed alive on 2 did) (dig not) view the boo	22 19 82	and that in (my) (and) opinion	death accurred on the date and hour	and from the causes stated
	22b. SIGNATURE	(alphot) view the boo	dy after death.	DEGREE		22c. DATE SIGNED
	Pun	shotan	mitra	ATTENDING	MEDICAL STAFF	12 22.81
	22d. PHYSICIAN'S NA	21 St CD 4 -1	0.000	PHYSICIAN [DIRECTOR PHYSICIAN	112.73.05
	A A LA		11 CLESTIT A AL		HOSPITAL BALTO	MD 21220
	MILL	-M, PUICI	USHOTTAM	71, AGNES	HOSTINE DALIU	11041447
23a	BURIAL, CREMATION,			CEMETERY OR CREMATORY	23d LOCATION	COUNTY
	Cremation	12/24/	82 Westv:	iew Memorial	Pk Catonsville	Rolto Marylai

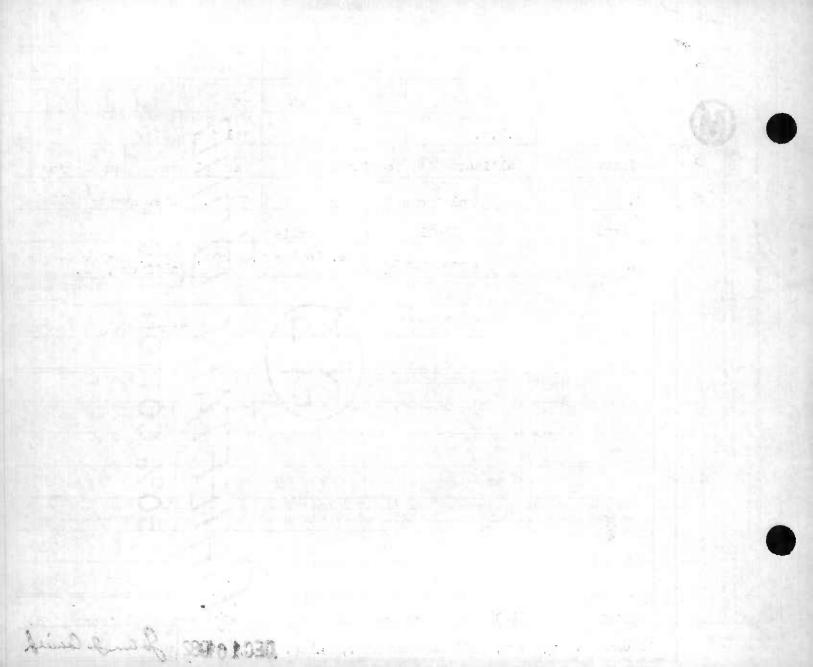
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	iov ord Respers over		Ban Steps

	1/2	1/	1.	FOR STATE REGISTRAR	- QEPARIN	ENT OF HEALTH AND MENTAL H CERTIFICATE.OF DEATH	SAM SIAM	3 1 8 7 4
-	-		1 DE	CEASED NAME FIRST	WIEDTE	LAST	REG. N	MONTH DAY YEAR 26 HOUR
	0 e c			OR PRINT!	- CARROLL SY	14010	20. DATE OF DEATH	20 110011
	oy be		2 0 5	ELNEST			1.405	12 7 82 4:301 M
	4 m		3. SE		RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	900	*		MALE	WHITE	3 24 90		YRS
	a 40	4)-	100	THPLACE	b CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY C	OR COUNTY OF DEATH
	deat	94	0	MD.	45A	WIDOWED DIVORCED	BALTIME	MD.
	ž 21	1//	10 C	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	126 KIND OF BUSINESS OR
102	20 0	70	L	ALTIMORE	LUTHERAN	HOSPITAL	RETIR	Ed) GROCER
D 213	4 hou	25	13 a S	AL RESIDENCE HE NURSING HOMOR OF TATE 2 1 0 9 0 No COUN	TY 13c. SITY OR TOWN	ADMISSION) 138. INSIDE CITY LIMITS		
AN	in 2	10			rundel Ainthi	CHEM YES NO [ldington Road
RY	with lefel	Anl	4. FZ	THER'S NAME FIRST A	NODIE LAST	15 MOTHER'S MAIDEN	MIDDLE	LAST
W	bet de	1/40		Sheridan	Shores	Martha	a	(Unknown)
ORE,	Cecu	36	100	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SECUI	RITY NO. 17 INFORMANT (da	aughter) 300	SS Cheddington Rd.
N N	9 6	1		No	214108	939 Mrs. Naon	ni E. Moore	E, Linthicum, Md.
PRESTON ST., BALTIMORE	ote E	1	>	8 CAUSE OF DEATH (Enter only	y one cause per line far (a), (b), and	<u>I</u> C		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	phy party page	1		PART I. DEATH WAS CAUSED	BY:	ulmeray ar	rest	
S	ding	3 4	-	+ 000 IMMEDIATE		1	E 14 1 1 1 1 1 1	
STO	death attend ove co	UMO OMO		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	1 0	erculosis	
PRE	e di	tro		gove rise to immediate			Detect of the	
3	ot th	othe		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		
201	ed b	0.0		DADI 2 OTHER CICAUTIC AND C	(c)	EATH BUT NOT RELATED TO THE TE		
DIVISION OF VITAL RECORDS,	quire sign	njury	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110
S	w re been	277	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
RE	n. n. perr	S C	CERTIFICATION				YES TI NOT	IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
ITAI	sicio Sicio Sicio Sie l	sho	ER	2) a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71r HOW IN JURY OCC	URRED (ENTER NATURE OF INJU	
> 7	A de it	1 8 1		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	Y YEAR	OTTINES (EIGHER MAIORE OF 1800	AT THE TOTAL TOTAL AT
Z	YSIC Ing cer	± e	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
ISIO		o pa	WE	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FA		CITY OF TO	OWN COUNTY STATE
N	Afte os	Pork		AT WORK AT WORK		11-1-0	7.7	3
	O I O			22a.1 certify that (I) (this haspite saw the deceased alive on	ol) attended the deceased from	972 (1) 19 1	, to	, 19 3 2 , that (I) (we) last
	R ATTER hospito RECTOR	n 21		obove, (1) (we) (did) (did not	view the body after death.		on death occurred on the d	ote and hour and from the causes stated
	OR e h	# He		22b. SIGNATURE	1 - 4-	DE GREE ATTENDING	S _ MEDICAL _ STA	221. DATE SIGNED
	TAL y th RAL deta	7		a	har	PHYSICIAN	DIRECTOR PHYSIC	CIAN D 12/1/8 2
	ned by FUNERAL	TAN		22d. PHYSICIAN'S NAME (TYPE OR	PRINTI	22e. ADDRESS	11	1
	TO HO retaine TO Fl	MPORTANI		DR.	G AHAM	130, A.	shourton 2	I BACTIMOFFIND
	T T	3 3		URIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
	BP			Burial	12/10/82 Pa	rsons Cemetery		COUNTY STATE
D	HMH - 16 50M	1/81	24 FL	INERAL DIRECTOR		25a. t	ATE REC D. BY REGISTRAR	THE GISTRARS SIGNATURE TYLANG
	(VRA 15, 4		112	HOLLOWAY FUNE	ADDRESS	U	C 1 0 1982	John & Court
				I ONI	RAL HOME, Sal	isbury, Ma		

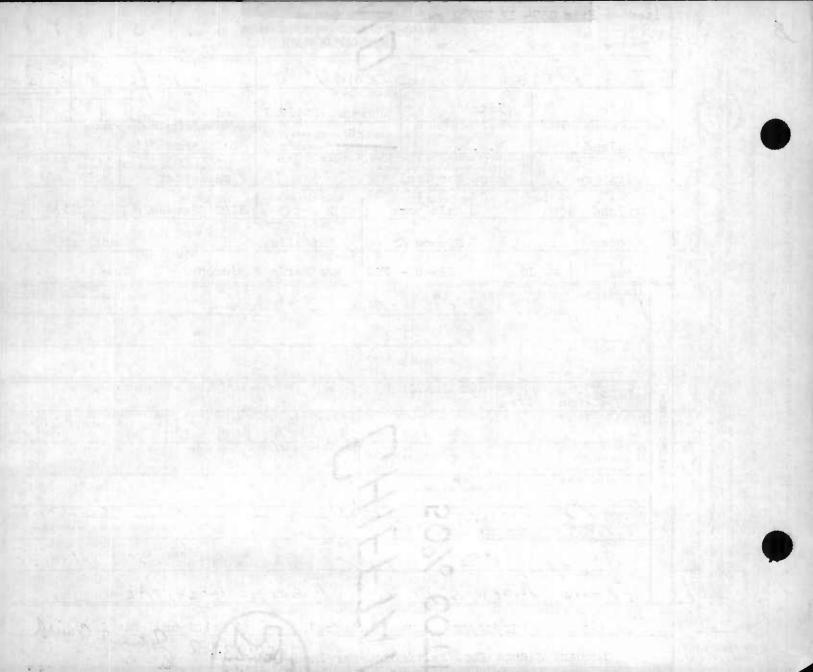
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	FOR					EALTH AND MENTAL HY	600				
1-	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.			
	CEASED NAME	FIRST		MIDDLE	i	AST	20. DATE OF DEATH		AY YEAR	2b HO	UR
	30,740,717	Joh	111	M S	Sibiski	Sno	December 10), 1982	2	5:35	F
SE:	* Male	ľ	White	e	S DATE C	DF BIRTH YEAR YEAR	6 AGE (IN YEARS LAST BI		ONTHS DATE		R 24 F
	Balto. M.	OREIGN 7		S.A.	Y? 8 MARRIE WIDOWE	NEVER MARRIED	Baltimore	OR COUNTY	OF DEATH		
	Baltimore		Mary	land Gen	SING HOME C EET ADDRESS) neral H	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KINE INDUST	of BUSIN	ESS d
	AL RESIDENCE (F NURSI STATE Nd.	136 COUNT		Batto.		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	avia R			
4 FA	ATHER'S NAME	e Sibî	ski	LAST		15. MOTHER'S MAIDEN NA	ina Safransk	a a		LAST	
16a V	WAS DECEASED EVER		NED FORCES? WAR OR DATES)	212-09-		Mrs. Anna M	ADDR	ESS	16 Nb	ravia	27
		H :Enter only	one couse ner	line for (a) (b)	and (c)				BETTAKET.		RVA
	PART I. DEATH W.	H (Enter only AS CAUSED IMMEDIATE	One couse per BY: CAUSE (o)	Diffuse	Lympho	cytic Lymphon	na		BETWE	OXIMATE INTE EN ONSET ANI	RVAI D DE
	PART I. DEATH W.	H (Enter only AS CAUSED IMMEDIATE	CAUSE (o)	Diffuse	Сущрпо	cytic Lymphon	na		BETWE	EN ONSET ANI	RVA D DE.
	200/ Conditions, if any,	IMMEDIATE which	CAUSE (o)	ulliuse	Сущрпо	cytic Lymphon	na		BETWE	en onset ani	RVA DDE.
	Conditions, if any, gove rise to imm couse (0), stating	which mediate g the	DUE TO, O	ulliuse	DUENCE OF	cytic Lymphon	na		BETWE	en onset ani	RVA DE
	Conditions, if any, gove rise to imm couse (0), stoling underlying couse	which mediate g the lost	DUE TO, O DUE TO, O DUE TO, O	R AS A CONSEQ	DUENCE OF						RVA DE.
NC	Conditions, if any, gove rise to imm couse (o), stating underlying couse	which nediote g the lost	DUE TO, O DUE TO, O DUE TO, O (c) DONDITIONS CO	R AS A CONSEQ R AS A CONSEO	DUENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	IDITION GIVE			RVAI
CATION	Conditions, if any, gove rise to imm couse (o), stating underlying couse	which mediate g the lost	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO Cation,	R AS A CONSEQ R AS A CONSEO DITRIBUTING TO	DUENCE OF DUENCE OF ODEATH BUT		MINAL DISEASE OR CON	20b. IF YES	EN IN PART	110°	D
TIFICATION	Conditions, if any, gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN Ammonia,	which mediate g the lost	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO Cation,	R AS A CONSEQ R AS A CONSEO DITRIBUTING TO	DUENCE OF DUENCE OF ODEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON DS CESS	20b. IF YES, IN CERTIFY	EN IN PART	110°	D TH?
CERTIFICATION	Conditions, if any, gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN Ammon i a, I	which nediote g the lost	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO Cation, 196 COND 216. TIME C	R AS A CONSEQ R AS A CONSEO DITRIBUTING TO DIABETE OF INJURY	DUENCE OF DUENCE OF DUENCE OF DEATH BUT S Me 11 TH OPERATIO	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDS CESS 200 AUTOPSY? YES NO 1	20b. IF YES, IN CERTIFY	WERE FINITY CAUS	DINGS USE ES OF DEA NO [D TH?
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	Conditions, if any, gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN Ammon i a, I 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOTIFY IN NOTIFY ALL WORK NOTIFY ALL WORK	which nediote g the lost	DUE TO, O DUE TO, O CONDITIONS CO CATION, 196 COND 216. TIME C HOUR A. P. 216 PLACE (AT HOME STI	R AS A CONSEQ R AS A CONSEQ DI abete ITION FOR WHICH OF INJURY M. MONTH M. OF INJURY OF INJURY OF INJURY MEET, FACTORY, OFFICE	DUENCE OF DUENCE OF DEATH BUT S Me 1 1 TH OPERATIO DAY YEAR 19 E. FARM. EIC.)	itus, Lung Ab N WAS PERFORMED 21c. HOW INJURY OCCUR 21l LOCATION STREET	AINAL DISEASE OR CONDS CESS 200 AUTOPSY? YES NO EXECUTE NATURE OF INJUSTICAL PROPERTY OF THE PROPERTY O	20b. IF YES, IN CERTIFY YES	WERE FINITING CAUS	DINGS USE ES OF DEA NO [D TH'
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	Conditions, if only, gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN Ammon ia, It 19a DATE OF OPERAT OR CONTRIBUTING CIFETHER NOTHY MEDIC 21d. IN JURY OCCURR WHILE NOTHY MEDIC 22d. I certify that (I) saw the videceose obove, IN Well (I) 22b. SIGNATURE	which nediote g the lost VIFICANT CONTOX	DUE TO, O DUE TO, O CONDITIONS CO Cation, 19b COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME STI	R AS A CONSEQ R AS A CONSEQ R AS A CONSEQ DIABETE DIABETE OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE T 10, 19 ofter death.	DUENCE OF DUENCE OF DUENCE OF DEATH BUT S Mell CH OPERATIO DAY YEAR 19 E. FARM. ETC.) Octob	NOT RELATED TO THE TERM I tus, Lung Ab N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 19. 82 and that in XX (our) opinion DEGREE	ANINAL DISEASE OR CONDS CESS 200 AUTOPSY? YES NO RED CITY OR TO deoth occurred on the december of the dece	20b. IF YES, IN CERTIFY YES	WERE FINITY OF PART COUNTY 9 82 ond from 1	DINGS USE ES OF DEA NO [D TH?
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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YEAR	2b HO	YB .	

REGISTRAR				CERTII	CAILOI	DEATH		REG.	NO.			
1. DECEASED NAME	FIRST		WIDDLE	t.	AST		20. DATE	OF DEATH		DAY YE	AR 2b HOU	R
(TITE ON PRINT)	Josep	h		Skre!	lunas				12/	27/82	10:5	pn
3. SEX		4 RACE		5. DATE C			6 AGE (N YEARS LAST	BIRTHDAY)	IF UNDER 1		_
Male		Whit		MONTH	2	17		55	YR:		ATS HOURS	MI
70 BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	NEVE	MARRIED =	9 BALTIA	AORE CITY	OR COUN	TY OF DEAT	Н	
Indiana		US	A	WIDOWE		NORCED [ltimo	re C:	Lty		
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSI		R OTHER IN	STITUTION		AL OCCUPA			ND OF BUSINE	_
Baltimo	e		ch facility, give street						esen	tative	Retir	eć
SUAL RESIDENCE (IF)	URSING HOME OR		GIVE RESIDENCE BEFOR		13d INISIDE	CITY LIMITS?	113a STDEI	T ADDRES	S			
Md		imore	Woodlaw		YES 🗍	NO 🗌				Street	2120	7
14. FATHER'S NAME		MIDDLE	LAST		15 MOTHE	S'S MAIDEN N	AME	WIDDLE			1457	
Josep			Skreluna	as	1	larv		MIDDLE		Stupnio	:k1	
160 WAS DECEASED EN			166 SOCIAL SECT	JRITY NO.	17. INFORM	ANT		ADD	RESS			
Yes	(IF YES, GIV	WAR OR DATES)	380-07-	5254	Mwo	Floren	oo Clea	1			112	
			r line for (a), (b), ar		TIL 3 a	LIOLEN	CE SKI	SIUUI	IS Sal	IE AS 1	PROXIMATE INTER	
underlying ca		DUE TO, C	COPD	ENCE OF	naho	sis of	live				199	
	IGNIFICANT C	ONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TER	MINAL DISE.	ASE OR CO	NOITION (GIVEN IN PAR	T lia	
190. DATE OF OPE	RATION	19b CONE	DITION FOR WHICH	OPERATION	N WAS PERF	ORMED	70a AL	TOPSY?	20b. IF	YES, WERE FI	NDINGS USED	_
Ē							YES	NOF			SES OF DEAT	
00.00.00.00.00.00.00.00.00	CAUSE OF DEA	TH HOUR A	OF INJURY			NJURY OCCU	_		JURY IN ITEM			
(IF EITHER NOTIFY A 21d INJURY OCC			M /2/2	198.	211 LOCAT	ION						_
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saw the dece	ased plive on.	ol) attended to 12/27	he deceased fram_		7 / 8 2 d that in (m)) (aur) apinio	, to	12/8	date and h	19 8 2	that (1) (v	ATE
22b. SIGNATURE	BULKN	7	, g		DEGREE						ATE SIGNED	/e}
	1200 14	<u> </u>				ATTENDING	MEDICA	R PHYS	AFF	12	127/	re)
22d. PHYSICIAN'S		P PRINT)			22e ADDRE	PHYSICIAN	DIRECTO	OR PHYS	ICIAN 🔒	12	127/	re)
22d. PHYSICIAN'S	NAME (TYPE OF	PPRINT)	ANG-		22e ADDRE	PHYSICIAN	MEDICA DIRECTO	OR PHYS	ICIAN 🔒	12	127/	ted

DHMH - 16 50M 1/81 (VRA 15, 4)

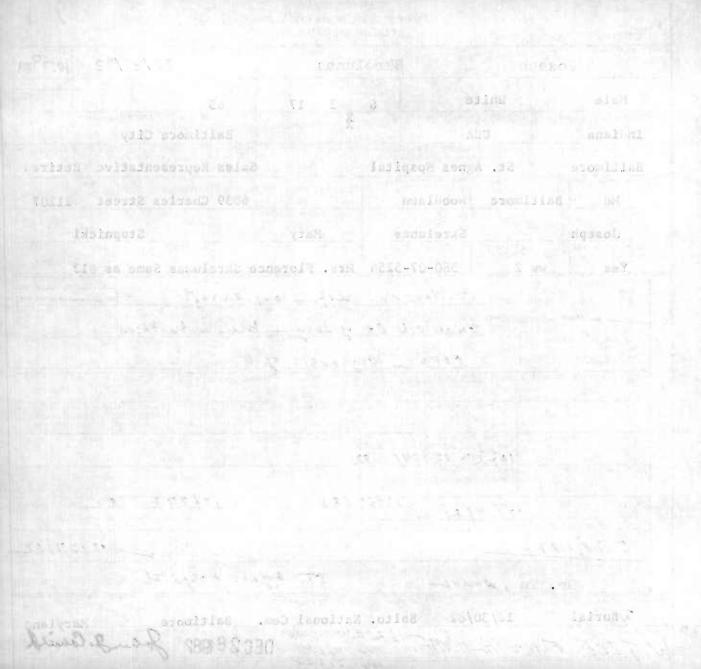
TO FUNERAL DIRECTOR.

Burial
24 FUNERAL DIRECTOR 12/30/82

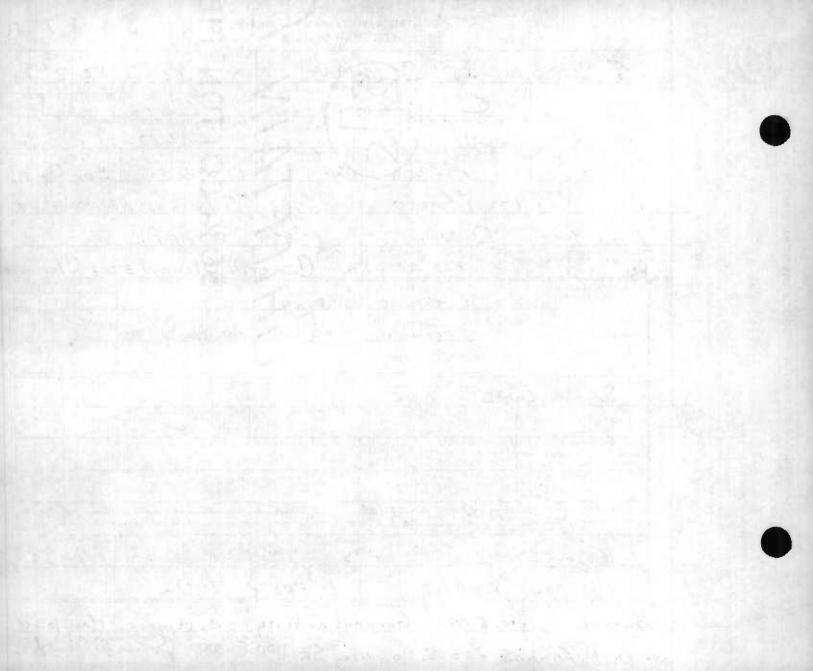
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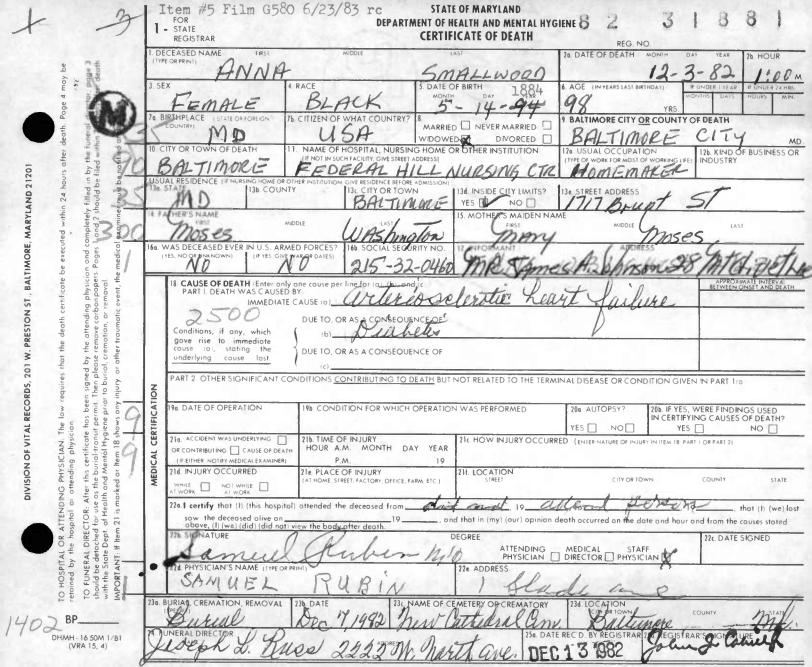
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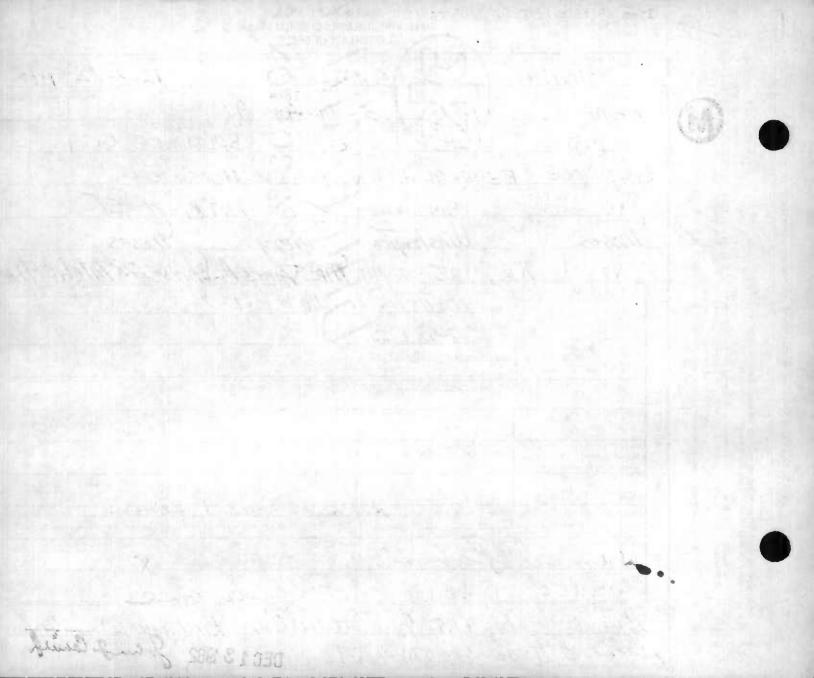


	1		MARYLAND		
	1.	STATE	H AND MENTAL HYGIENE TE OF DEATH	8 2 3 REG. NO.	1 3 7 9
(RA)		EASED NAME EIRST MIDDLE LAST	2a DA	TE OF DEATH MONTH DA	Y YEAR 2b HOUR
dese 3	(TYP	ORPRING. WILCIAM J. SIAMA	tn	12.3	. 87 7 48
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orh. Po	70 B	MARRIED WIDOWED TO	NEVER MARRIED 9 BALT	IMORE CITY OR COUNTY O	
de for	10 C	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTH	HER INSTITUTION 120 US	UAL OCCUPATION	12b KIND OF BUSINESS OR
Zor	L	BALTO (IENOTIN SUCHEAGUNE, GIVESTREET ADDRESS)	50 03	WORK FOR MOST OF WORKING LIFE)	Box Co.
MARYLAND 2120 ed within 24 hours mpletely filled in by pand 2 should be (A	130.	L RESIDENCE (16 NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE 136 - EQUINTY 137 - OTY OR TOWN YES	/	REELADORESS CLA	REMONTST
erely 12 sh	14, F.	THERS NAME IST MIDDLE LAST	OTHER'S MAIDEN NAME	MIDDLE	IAST
+ 01		MRTHUR SLOWAN	1 dary	PIEFER	£A31
BALTIMORE, cate be executed to speed to speed to speed to speed. Pages, for the medical for th	16a \	ES NO OP UNKNOWN! HE YES GIVE WAR OR DATES!	NFORMANI	ADDRESS	ai
TIM be e		NO ZZO 0180 Z7 A	CONCETTA	DIOHAN 3	
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c'.) PART I. DEATH WAS CAUSED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.		IMMEDIATE CAUSE (a) CARDIAC AT	ICKEST		
PRESTON ne death ce emove carb matron, or i		DUE TO, OR AS A CONSEQUENCE OF	me was A	ETER DISCASE	
PRESTO		Conditions, if any, which gove rise to immediate	-O'CONVETIS AT	टाराय । जनवात	
to cy of		couse (a), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF			
20 20 plees t		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT F	RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN	IN PART 1/a
RDS, requir	0 N	Severe CUPD, CHF			
RECORDS, . low requir os been sig sermit. Then ne prior to b	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WA	S PERFORMED 200 /	AUTOPSY? 20b IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH?
VITAL R. J. ysrcion. cote hos onsit pe Hygiene Hygiene	RTIF		YES	NO YES	NO
o o FVII	_	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
14YSICIA ding pl ding pl is certif burial-r Mental	AEDICAL	(IE EITHER NOTIEY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f I	LOCATION!		
SIS PH	MEC	216 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET EACTORY OFFICE, EARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
3 0 0 0		22a I certify that (I) (this haspital attended the deceased from	19 et 2 to	17/3 10	SZ., that (li)(we) lost
TTEN TOR For coff H		11/2 /21	t (n (my) (our) opinion death acc	curred on the date and hour a	
OR A DIRECTOR OR A DIRECTOR DIRECTOR DEPT.	4	DEGRE			221. DATE SIGNED
		heren has was	ATTENDING MEDIC	CAL STAFF TOR PHYSICIAN	12/3/52
HOSPITAL ned by th FUNERAL JIG be deto the Stote I		PO PHYSICIAN CHAME (TYPE OR PRINT) 220	ADDRESS	11	
D HOSPITAL O FUNERAL should be dere with the Store		MORTON (RMAN)	MERCY.	HUSP	
n/-10	23a. E	JRIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETE	ERY OR CREMATORY 23d 1	OCATION CITY OR TOWN	COUNTY , STATE
700BP	24.5	Burial Dec. 6, 1982 Garden		Baltimore,	Maryland
DHMH - 16 50M 1/81 (VRA 15, 4)	1	NERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	ST. DEC 6-	BY REGISTRAR 250 REGISTRA	I Cohice
	70	KIN N. LANNINO, 263 J. CONKUN	16 STY DEC	1300	

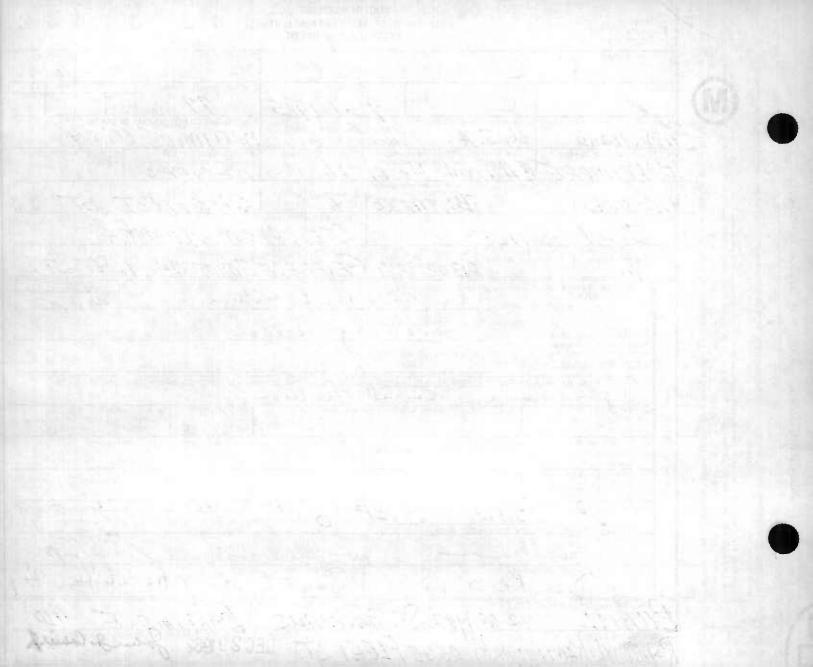


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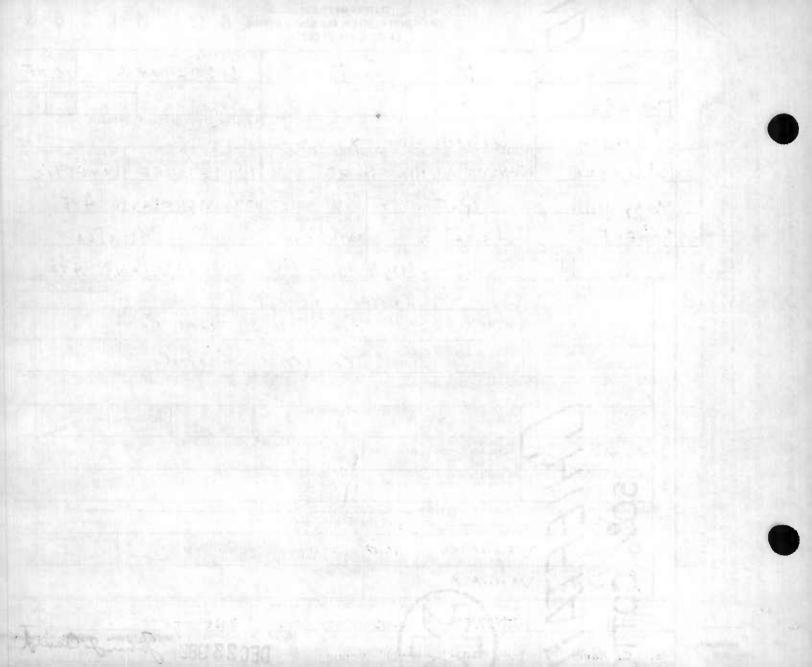




DHMH - 16 50M 4/82 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



15	FOR 1 - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT	
	REGISTRAR 1. DECEASED NAME FIRST	MIDDLE LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
# m #	(TYPE OR PRINT)	= E SMITE	11-22-1982 10.40
may po	1.5EX	4 RACE 5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
9 /96 M	FeMALE.	13 4 14 8	87 95 YRS. 8
" (器/学	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR	
1 1 2	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUT	CED 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
the state of	BALTIMORE	KENSON NURING HOME	THOUSE WIFE DEMESTIC
De la	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
7 4900	MARYLAND	BALTIMORE YES NO	1736 MORELAND AVE
1 12 100	14 FATHER'S NAME FIRST	MIDDLE LECATOR WILLEN	MIDDLE BURTON
mecul and co	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
2 C 2 2	NO	220-30-6176 AL ANILA	HALL-1736 MORLAND AVE
fcost physic popul ent, ti	PART I. DEATH WAS CAUS	10 1 2 1 1 1 1 1 2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
10 10 10 10 10 10 10 10 10 10 10 10 10 1	H) 9)		
deoth ove co figur, oumo	Canditians, if any, which	((b)	ASCUPITELLES FIB.
a the second	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	enal faiture
s that so that	underlying cause last.		
significant signif		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO
Die o	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORME	D 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The diet p	#IT#		YES NO YES NO
Physical Phy		HOUR A.M. MONTH DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
deng deng his cer Menta	(IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION	
Ked on the	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
NON P or Seatth		oital) attended the deceased from, 19	9, ta, 19, that (I) (we) last
ATTE APPRO CTO CTO 2 f f f o		at) view the bady after death.	apinian death accurred an the date and haur and from the causes stated
T Dept of T	NO19-	Vanucue no ATTEN	NDING MEDICAL STAFF
ERAL ERAL State	22d. PHYSICIAN'S NAME (TYPE		CICIAN DIRECTOR PHYSICIAN
housed to hose	MAYAM	VAYWAZA	
12	23a. BURIAL, CREMATION, REMOVA		MATORY 23d LOCATION CITY OR TOWN COUNTY STATE
BP	BURIAL 24 FUNERAL DIRECTOR	12/27/82 Mount Auburn Ce	Baltimore Md
DHMH - 16 50M 4/82 (VRA 15, 4)	NAME	H Inc. 1101 E. North Avenue	DEC 23 1982
(Wm. C. March F/1	TIME. TIOT E. MOTELI AVEHUE	



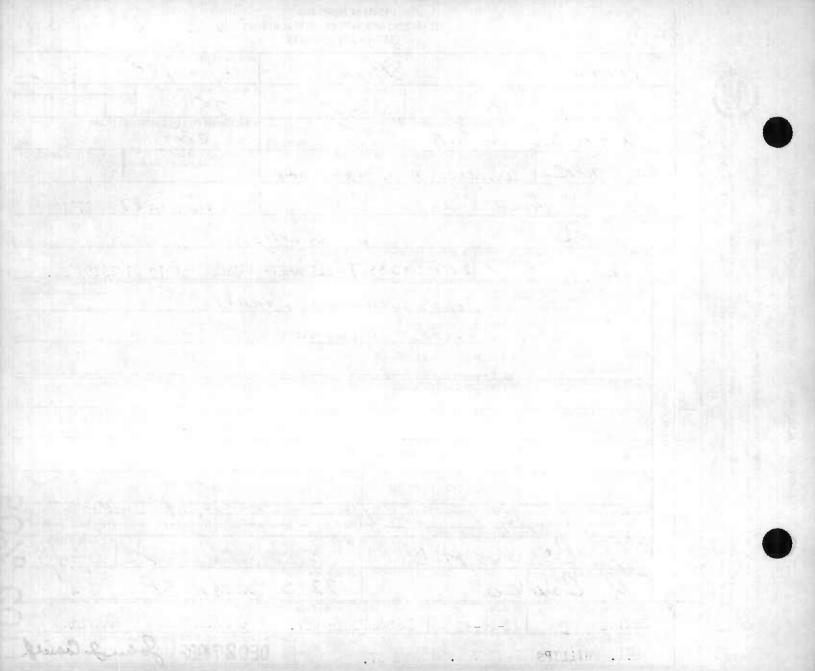
13	١,	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YGIENE 8 2 3	1884
-11	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
7		CEASED NAME FRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
, ee ee ee	(1111)	BROOI	KS	SMITH	12/26/82	6:16p _M
OE OF	1.58		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
A Second	1	77	NEGRO	4-6 11	YRS.	
g		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
9 1	10.0	TY OR TOWN OF DEATH	1) NAME OF HOSPITAL NUBSI	WIDOWED DIVORCED S		MD.
rs offer		ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HOE	ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING A	126. KIND OF BUSINESS OR INDUSTRY SLED
hin 24 hou should be should be multiple	13a S	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BEFOR		13. STREET ADDRESS BA	no Servey
A CZ Set	14. FA	THER'S NAME	MIDDLE DIAST	15. MOTHERS MAIDEN		LASS
÷ 0		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!	URITY NO. UZ-INFORMANT	ADDRESS	n Randon
E 0 0 5		110	247-20	-047/ 1 aucine &	Bruncon 1727	
Fr. BAL	100	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		1) 1/ A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST entire		2 UUI IMMEDIA	TE CAUSE (0) IN LEGEL	We Hypotensi	02	15 minutes
PRESTON he death cr he ottendin emove corb motion, or r froumatic		Sonditions if any solid	DUE TO, 98 AS A CONSEOU	8 1 1/2.	multiplo.	1 unel
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DS, 201	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GI	XEN IN PART 110
	TIO	Squamous Cance	unt hung, Prost	(100 00.100.	slutic Viscese of	Coural of the
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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N OF VIII SICIAN: ng physi certifical runol-tron frem 18 s		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	OMED (ENTER NATURE OF INJURY IN TIEM 16	PART TOR PART 2)
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DIVISION OF VITAL DING PHYSICIAN; The or ottending physicion After this certificate he os the buriol-tronsit polth and Memol Hygien marked or them 18 show	W.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
NDIN OI or			ital ottended the deceased from_	. 19		19
Spite Spite CTO for of l	18	sow the deceased alive or above, (I) (we) (did) (did or	12/26 19 view the body ofter deoth.	52, and that in (my) (our) opinion	on death occurred on the date and has	ur and from the couses stated
OR A DIRE oched Dept	18	22b. S/G)NATURE	1	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
RAL dete		Duen	2	PHYSICIAN		1426/82
TO HOSPITAL retoined by the TO FUNERAL I Should be detoined the Storie I IMPORTANT. If		22d. PHYSICIAN'S NAME (TYPE OF	ER	John & Hoph	ins the Bill 1	M121205
D	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE 23c	MAME OF CEMETERY OR CREMATOR	P.D 234 LOZATION	Color I man
0 20/BP		Burns	1-3-83 /	from mem	1 gramma	MAT
DHMH - 16 50M 4/82	24 Ft	NERAL DIRECTOR	Alama 12 mass	n. Port 10 A 250. C	DEC 28108	Children County
(VRA 15, 4)	0	tela Jane	e me jour	L'IN THE WILLEST	Men mi por	

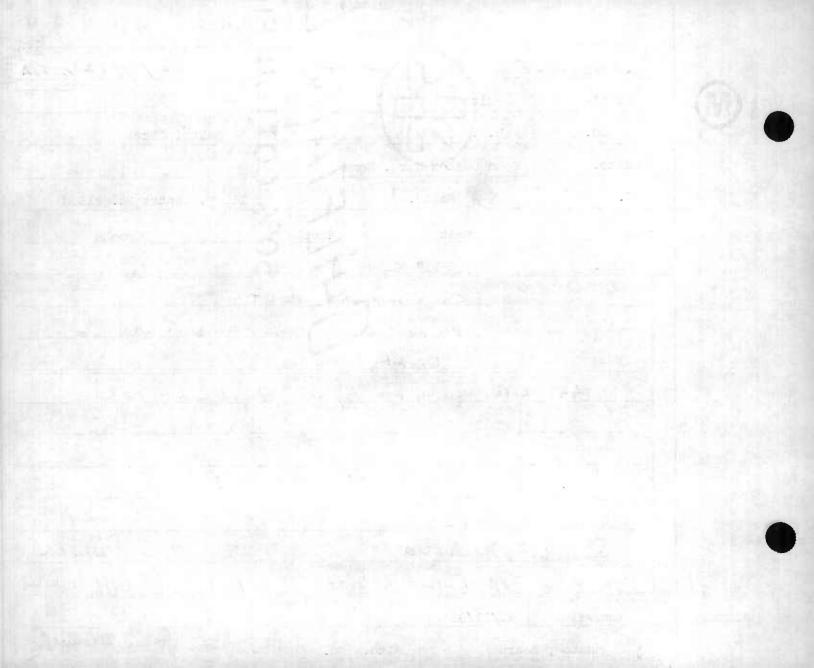
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C. ... 11. Md. 21222

THE TAX IN CO. AND DE L. I Sure March 22 Mr. To. T. To. T. Builtmone 15t. unes nospital Homisaker Mo. Molitagere Cetoniustle . A good frequence cook Solter A. Loucerhaux Louiser A. Loucerhaux 1996 France et alouserhaux 1996 France et alouserhaux Le ho ---- Red-44-1182 New Joynard F. Louterbach, Jr. - Jd. There was done -Suntain 12/23/422 autocallourn Cenet. Ty- Bolt impre, Nathaland ALLEY TO THE THE PROPERTY OF THE PARTY OF TH

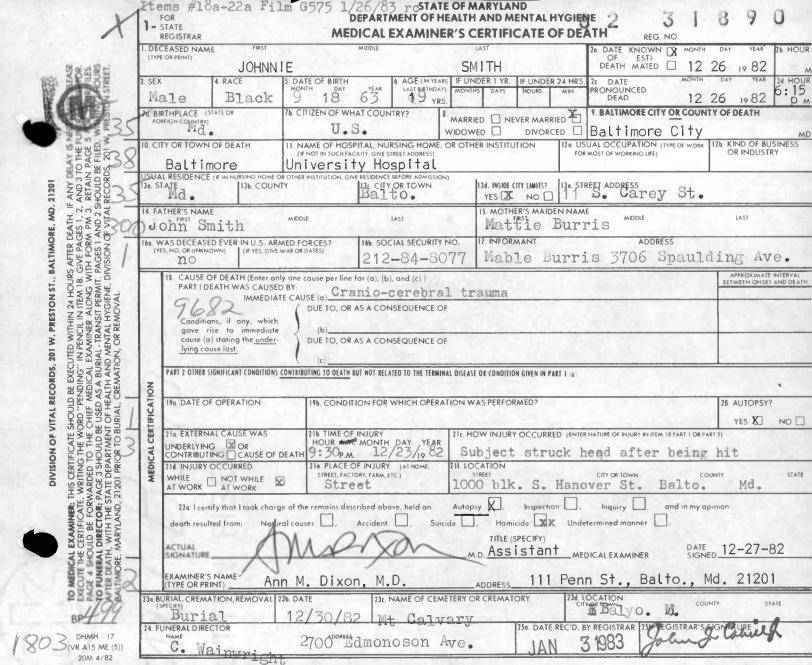
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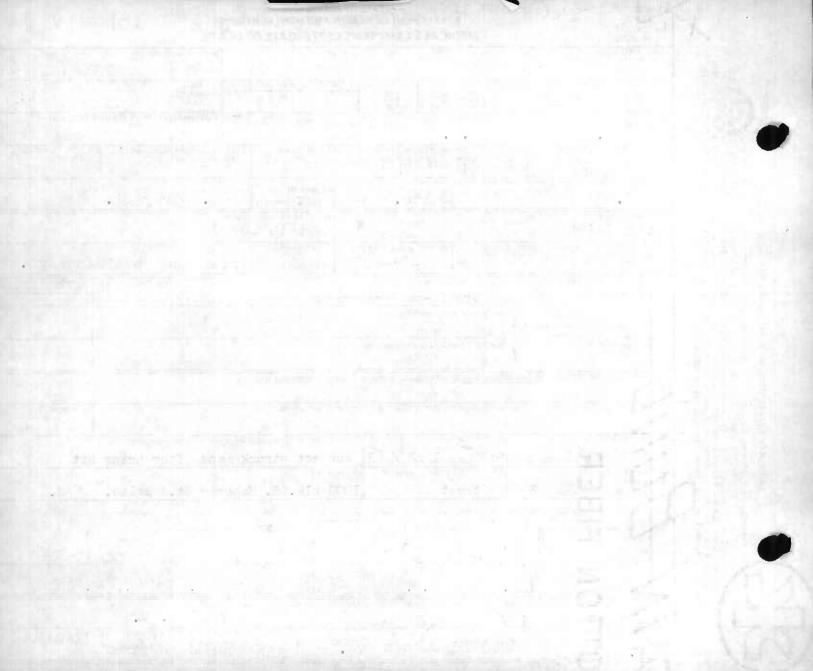




1		It	ems 13a-c per	phone 12/30/82	STATE OF MARYLAND			
1	3		FOR STATE		MENT OF HEALTH AND MENTAL HYC	SIENE 8 2	3	3 8 9
4			REGISTRAR		CERTIFICATE OF DEATH	REG. N	0	
1			CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY TEN	2b HOUR
			Grac	e sm	ith	1.2/2/18	72	2:45Pm
	(AA)	3. SE	×	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	
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	# # #//	10.0	TY OR JOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI		ID OF BUSINESS OR
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5, 201	luires signec nen pla a burii		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	T I I I I
ORD	requestra in the parts or to y injury	NO						
RECORDS,	law law	ICAT	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
TAL	The ician.	CERTIFI				YES NO	YES	NO 🗌
>	34 414 10	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART	2)
N N	Des a series	OICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19			
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	OR AT be hasp DIREC sched f Dept. s f Item		abave, (I) (we) (did) (did nat) 226. SIGNATURE	view the bady after death.	DEGREE			ATE SIGNED
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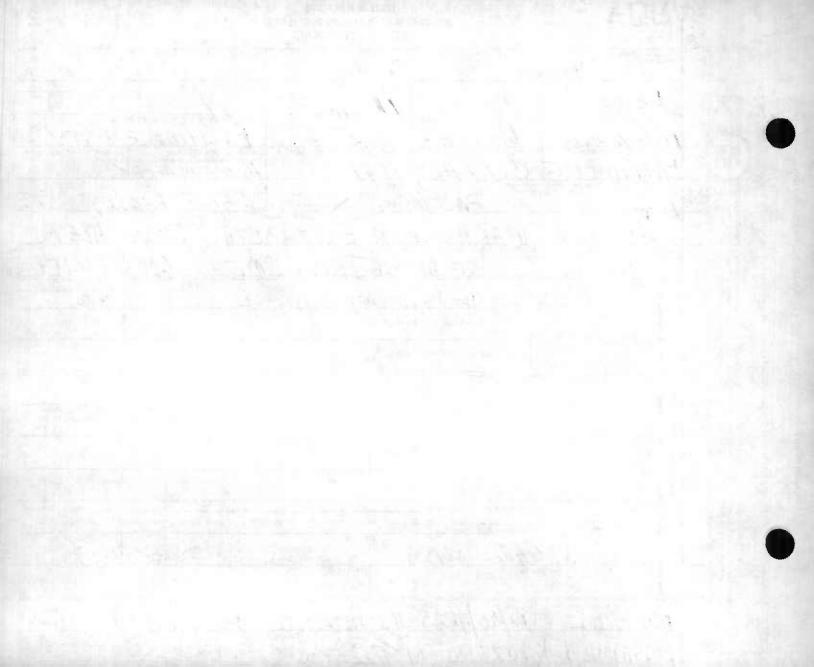




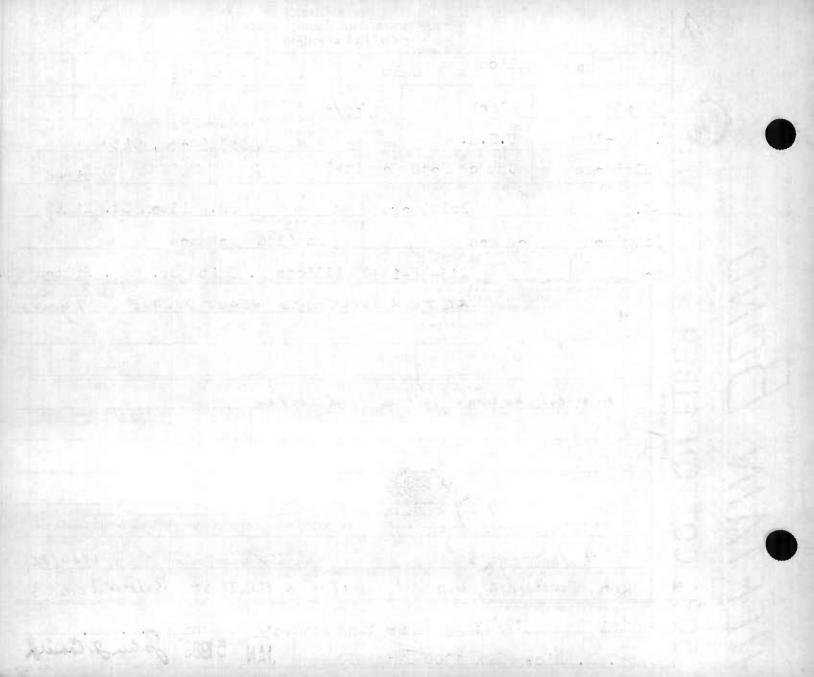
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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4001 Ritchie Hwy. Balto. Md.

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(VRA 15, 4)

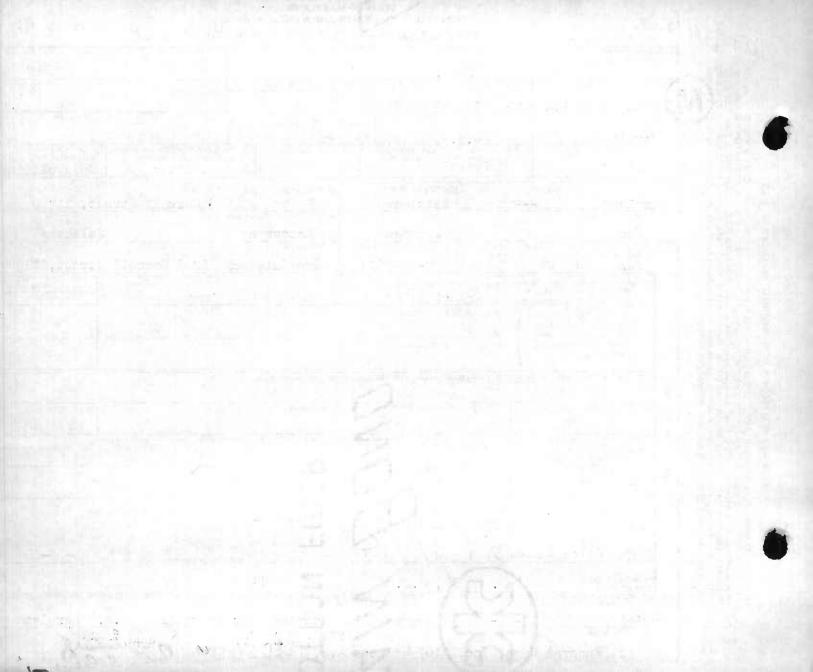
George J. Gonce

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Jones D Smythers 4981, 2 ST 15 ST Maple (10 20 00 22 08 74 Virginia U.S.H. City BATTHEORE SATE BATH FOR HOSP IN POTINGED IN CONTINUES ON BATHARE X = 214 Townsend Now CLESS 70. James Sugthers Letin Cupelle 207-10-1822 Kny Clark 400 F. SilverLeaf Ct 2111 Arecordial Information - Presonance Mirror line Bedgering + Browning Agenticay Gastric bleek for more than extun and minimized to the wheel of Saulayers 671 SHATRYARA the souls the shield 1000 soul a summi

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN XT 7b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 12 15 1982 Sniadach Adam Joseph 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 7:28 PRONOUNCED DEAD 15 1982 03 65 YRS White 28 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY! Baltimore City. DIVORCED WIDOWED Maryland CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore University Hospital Ship fitter Shipbuilding UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY YES X NO Baltimore 1246 Carroll Street. 21230 Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Jan Sniadach Katarzyna Jelinska 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS DIVISION (IF YES, GIVE WAR OR DATES) Fern Sniadach 1246 Carroll Street, 21230 220-01-2659 Yes WW 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ALONG W BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF onditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIAL AND M DIVISION OF VITAL RECORDS. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL YES [NO X ARDED TO THE CHANGE 3 SHOULD BE UNIT DEPARTMENT OF 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET STREET, FACTORY, FARM, ETC.) COUNTY STATE CITY OR TOWN NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW PO FUNERAL DIRECTOR; PY AFIER DEATH, WITH THE STIR BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes Homicide Undetermined monner TITLE (SPECIFY) Assistant 12-16-82 III Penn Street EXAMINER'S NAME Dennis F. Smyth. M.D. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Maryland Crownsville Veterans 12-21-82 Crownsville A.A. Buria] BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21229 **DHMH - 17** (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 20M 4/B2



415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

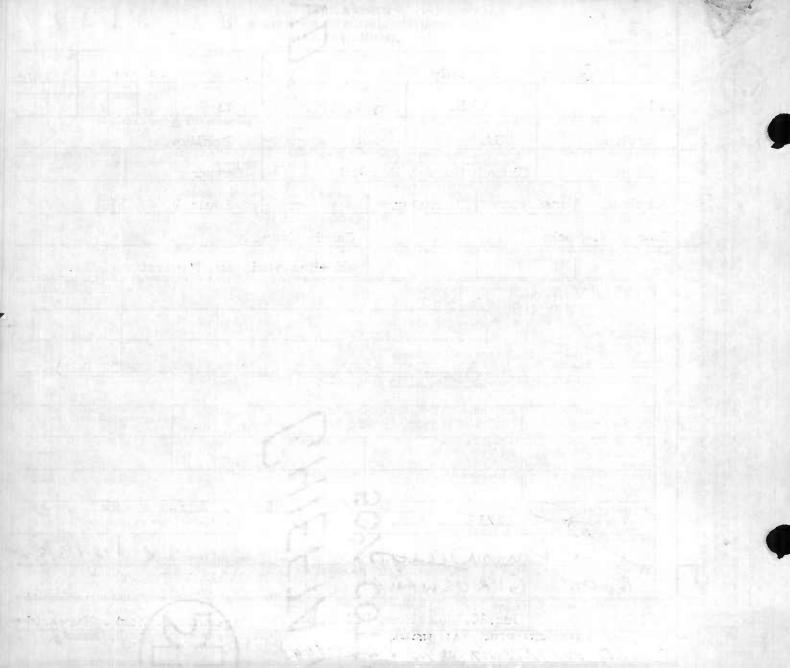
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(VRA 15, 4)



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21	23	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BRY	24	BURIAL FUNERAL DIRECTOR	12/14/82 Moi	unt Ca	lvary Cemeter	y Baltimor	CO Shi REGISTRAR'S 970	
(VRA 15, 4)		NAME	ADDRESS	all A	"UEU	13 1982	TO LIKAKS TO	cauly
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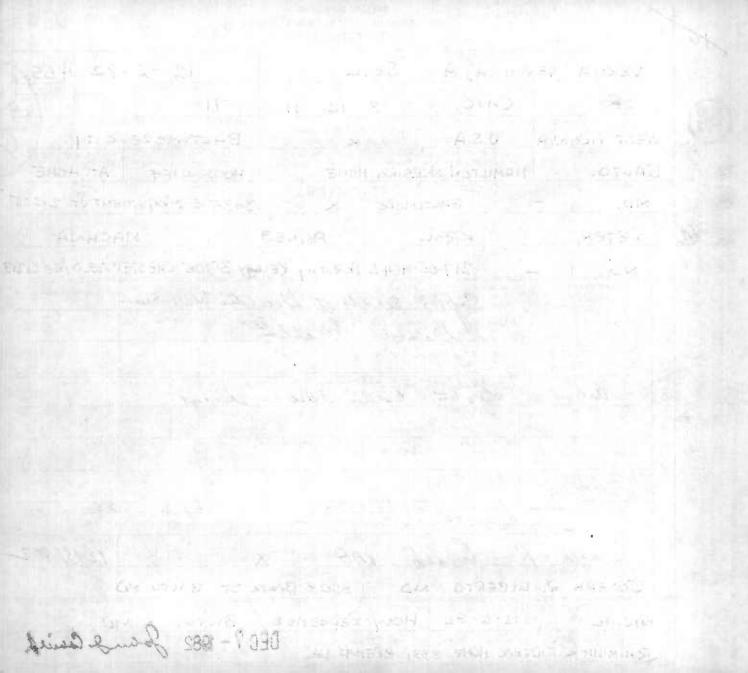
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20	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
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